

# **GOVERNOR'S JUVENILE LAW COMMISSION**

**Report to Governor Joseph E. Kernan  
December 2004**

***Report of the Governor's  
Juvenile Law Commission***

***Katie Humphreys, Chair***

December 10, 2004

Honorable Joseph E. Kernan  
Governor of Indiana  
State House, Room 212  
Indianapolis, Indiana 46234

Dear Governor Kernan,

The members of the Governor's Juvenile Law Commission respectfully submit this report to you. The report presents 19 recommendations that have been considered thoughtfully and deliberately by not only the appointed Commissioners, but by numerous additional inter-disciplinary professionals that served on the four subcommittees of the Commission.

The mandate to the Commission both by Governor O'Bannon and you was very clear. That mandate was to recognize that the best interests of children and Hoosier citizens are best served by having laws that affect the component parts of the juvenile justice system studied as a whole rather than as separate units. To this end, the Commission initiated a comprehensive review of the state statutes, administrative rules, state agency policies and procedures and state plans that affect the various child serving systems. These systems are: a) juvenile justice, b) child protection, c) education, d) mental health, e) developmental disability and f) health.

The Commission established cornerstones or guiding principles that served as a blueprint concerning the manner in which inter-system collaboration and cooperation should be embodied in policy development, child assessment and service referral, information sharing and funding. The outcome has been the numerous recommendations that can bring about substantial long-term systemic changes to the child-serving systems. The implementation of these recommendations are expected to take from 2-5 years, but will result in the type of improved services to children and families that capture the vision of both Governor O'Bannon and you.

Sincerely,

Katie Humphreys, Chair  
Juvenile Law Commission

# **GOVERNOR’S JUVENILE LAW COMMISSION**

## **Report to the Governor**

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## **I. FORWARD**

## **I. Forward**

The talents of each “Rachel” who has yet to reach her potential and each “Jesse” who can “achieve anything his mind can conceive” drives the work of this Commission.

### ***THE STORY OF RACHEL***

*Rachel is fourteen years old. She is enrolled in school and her attendance is consistent. There has been tardiness noticed, but unexcused absences are not typical for her. She is a C- student and functions adequately in the structured environment of her school. There have not been any incidents of “acting out behavior” and her trips to the Principal’s Office have been few.*

*Home is another story. Her mother who is single, works as an inventory clerk at a local warehouse and spends about 45 minutes prior to, and after her shift to take Rachel’s younger brother John, age 4, to a child care home 6 miles from their house. The warehouse has health insurance coverage that requires large co-pays and limited benefits for all the family members. The family does not receive cash assistance through the Temporary Assistance to Needy Families program, nor food stamps and is not Medicaid eligible. Rachel’s mother occasionally receives other governmental assistance through the township trustee to assist with rent payments and sometimes receives assistance with energy bills.*

*At home, Rachel is often withdrawn, choosing to stay in her room and avoid contact with her mother and younger brother. When asked to do chores she usually neglects to follow through with her mother’s request. Rachel has been detained for a curfew violation and runaway but has been granted an “informal adjustment” through the local juvenile court. Rachel feels that her mother yells too much, doesn’t take the time to listen, and “controls” her through the threat of social restrictions if she doesn’t act responsibly at home, which Rachel often does not.*

*Once, police took Rachel to a local mental health crisis center because she used threatening motions with a kitchen knife to her mother. No referral was made to the local probation department. Rachel was admitted to an acute care unit for observation, but was released seven days later with a preliminary diagnosis of mildly emotionally disturbed. There has been no history of abuse or neglect in the family, but the probation department intake officer noted that Rachel’s mother could benefit from parenting classes, but she never attended these classes. The mother is at her wits end, because she can’t work, take care of the younger sibling and continue to argue with Rachel about everything. The mother wants help, but does not meet any of the financial criteria for assistance. She is considering quitting her job, so she can receive some help. What can be done?*

## **THE STORY OF JESSE**

*Jesse is ten years old. He has been diagnosed with an Emotional Disability, Communication Disorder and Mild Mental Disability. Jesse's parents live with him; his mother is a sales clerk at a local department store and his father is a long distance truck driver. The mother typically must be the caregiver to Jesse as his father is on the road consistently.*

*Jesse was detained for shoplifting and fleeing a police officer and was placed on probation by the local Juvenile Court. During the completion of the Pre-Dispositional Report, the probation officer noted that Jesse's attendance at school was spotty, but also that the school officials have held numerous conferences with Jesse's parents. The Court ordered parenting classes for Jesse's guardians and ordered restitution to the store that Jesse shoplifted three packs of cigarettes.*

*Jesse is being considered for placement in a residential center because the numerous case conferences at the school have resulted in no appreciable change in Jesse's learning pattern. Jesse's mother is unable to control him at home and reports Jesse has attempted self-injury, expressed suicidal ideation, and ultimately has refused to attend school.*

*It is clear that Jesse could benefit from family counseling, individual counseling, medication control and treatment, social skills training and speech and language therapy. The local school corporation is ready to assist but feels that the cost of the services and the scope of the services indicate that a cross-agency collaboration would be important. What can be done?*

## **II. EXECUTIVE SUMMARY**

## **II. Executive Summary**

### **□ *ESTABLISHMENT AND PURPOSE OF THE COMMISSION***

Executive Order 02-01, signed by Governor Frank O'Bannon on April 25, 2002 established the Juvenile Law Commission. It was later re-authorized upon the death of Governor Frank O'Bannon, by Executive Order 03-24, signed by Governor Joseph E. Kernan on October 1, 2003. The purpose of the Commission is to:

*“Study and propose to the legislature, judiciary and the Governor, revision in the laws governing children in need of services and juvenile delinquents and the law governing their parents, guardians and custodian.”*

The Executive Order expressed a belief that the best interest of children and our citizens are best served by having the laws affecting the component parts of the juvenile justice system studied as a whole rather than as separate units. The original chair of the Commission, Cheryl Sullivan, as well as her successor, Katie Humphreys both were focused to achieve this systemic review as required by the executive order. To this end, Four Cornerstones were developed that guided the work of the Commission. These cornerstones are:

- Minimize labeling while maximizing service coordination so there are no “wrong doors” to systems entry;
- Efficient screening, assessment and cross-system coordination will reduce the administrative costs of services to families;
- Begin with the “best interest of children” and let the fiscal policy follow; and,
- Increase parent accountability and systems support for parents to produce positive outcomes for children.

### **□ *SUMMARY OF OTHER GUBERNATORIAL AND LEGISLATIVE COMMISSIONS AND COMMITTEES ADDRESSING CHILDREN’S SERVICES***

The initial meetings of the Commission were informational and educational to ensure that all Commissioners held a similar baseline of information and knowledge base. A summary of the other gubernatorial and legislative commissions and committees was prepared that provided not only background information but a base upon which to expand prior discussions and recommendations as well. These child serving commissions and committees included:

- Governor’s Commission on Home-Based and Community Services (Executive Order 02-15, signed by Governor O’Bannon on July 7, 2002);
- SB 290 Task Force (Established by SEA 290, 2002 General Assembly);
- Interim Study Committee on Juvenile Law and Corrections (Established by Legislative Council Resolution 03-01, adopted May 28, 2003 (Based upon SB 229); and,
- Commission on Abused and Neglected Children and Their Families (Established by SEA 62, 2003 General Assembly).

□ ***INFORMATION AND RESEARCH THAT PROVIDED A BASELINE FOR THE COMMISSION TO STUDY SYSTEMIC ISSUES***

A comprehensive review of state statutes, administrative rules and state agency policies and procedures and state plans was completed to identify “junctures” or “points of intersections” that could provide the means to integrate policy and practice across systems. These systems include:

- Juvenile Justice
- Child Protection
- Education
- Mental Health
- Developmental Disabilities
- Health

The “junctures” or “points of intersection” are believed to be those common activities or components of the various child-serving systems that can be modified to offer some commonality to improve the quality of services to children while reducing administrative costs. These common points are identified as:

- Planning, Policy and System Development
- Identification, Assessment and Service Referral
- Information Sharing
- Integrative Funding

Staff for the Commission categorized the various statutes and administrative rules that impacted the state agencies and the child serving systems by these “junctures” or “points of intersection” and requested the state agency heads to respond to approximately 225 questions that were intended to evoke discussion and debate on how to improve inter-system collaboration through statutory modifications. These responses were provided to the subcommittee

members to refine further the questions and more importantly the mechanisms to facilitate this inter-system collaboration.

Also completed was a review of all state service funding for children for state fiscal year 2002. That review indicated that approximately \$1.5 billion was expended for children in the five child serving systems. This review, the first of its kind, provided greater incentive for the Commission to consider if those funds were being used most effectively and efficiently. A review of that data indicated that the expenditures represented the following type of services:

- |                             |     |
|-----------------------------|-----|
| • Prevention and Well-Being | 11% |
| • Community Based Services  | 64% |
| • Institutions              | 25% |

The review also noted that the belief that the local property tax pays for the majority of children's services was corrected. While local property taxes do in fact pay a significant portion of services for children who have been maltreated or who have committed a delinquent act, a comprehensive review of all expenditures for all children's services indicated that the expenditures are more accurately reflected by the following percentages:

- |           |     |
|-----------|-----|
| • Local   | 21% |
| • State   | 42% |
| • Federal | 37% |

**(NOTE: These expenditures exclude general education costs)**

#### □ ***THE MANNER AND FORMAT OF THE COMMISSION'S WORK***

The work of the Commission was both accelerated and energized by the development of the four subcommittees that represented the "junctures" or "points of intersection" previously described. These subcommittees included approximately 50 representatives from local and state government, state agency officials and local service providers. They were selected to ensure that various professional groups were tapped for input, creativity, common sense suggestions and solutions. Specifically, the following groups were included on each subcommittee, representing local practitioners and state level administrators:

- Local Offices of Family and Children;
- Juvenile Probation Offices
- Juvenile Court Judges
- Indiana Department of Correction
- Local Community School Corporations

- Indiana Department of Education
- Local Secure Detention Centers
- Family and Social Service Administration
- Local Comprehensive Community Mental Health Centers
- Residential and Home-Based Service Providers
- County Prosecuting Attorneys
- Public Defenders

The subcommittee structure was based upon the “intersections” or “junctions” previously identified. The four subcommittees were established and co-chaired by individuals that were recognized and respected as leaders in the specific areas. The work of the subcommittees promoted more diverse input and provided additional time to identify, discuss and assess more information that eventually was included in the recommendations of the Commission.

***The work of the subcommittees provided examples that federal law and regulations do not necessarily prohibit inter-system collaboration. The separation and fragmentation of the authority to manage the specific child serving systems and the separation of those system funding sources however, do have a significant impact on the manner in which policy is developed, children are assessed, information is shared, and how services are funded and delivered among those child serving systems.***

Based upon the premises of the “Cornerstones” the subcommittees were provided a clear expectation of their role, functions and responsibilities. The work of the subcommittees resulted in 19 recommendations forwarded to the full Commission for review and approval.

#### □ **RECOMMENDATIONS**

The abbreviated recommendations, by cornerstone are:

#### **A. Cornerstone 1: “Minimize labeling while maximizing service coordination so that there are not ‘wrong doors’ to systems entry”**

##### ***Recommendation 1***

*The legislative codes for juvenile justice, child welfare, education and mental health should be amended to contain a common “Purpose Statement” outlining*

*the policies of the State of Indiana with regard to the provision of services to children and families.*

### **Recommendation 2**

*Indiana law should be changed from a two-tiered (juvenile court and adult court jurisdiction) system to reflect a three-tier system consisting of: (1) juvenile court jurisdiction, (2) youthful offender/extended jurisdiction under juvenile court jurisdiction, and (3) adult court jurisdiction. It is further recommended that the number of direct file offenses (IC 31-30-1-4) should be reviewed by the Legislature for possible elimination and/or reduction of the as part of the development of a three-tier system.*

### **Recommendation 3**

*All misdemeanor traffic offenses involving juveniles under the age of eighteen should have original jurisdiction in the juvenile court.*

### **Recommendation 4**

*Legislation should be drafted that provides procedures for the determination of competence to stand trial (when competency issues are raised) including the possible dispositional alternatives for a juvenile to be found to be incompetent.*

### **Recommendation 5**

*The Juvenile Record Suspension Statute should be repealed (IC 35-50-2-2.1).*

### **Recommendation 6**

*Laws regarding determinate sentencing should be eliminated from the Indiana Juvenile Code.*

### **Recommendation 7**

*The Indiana Code should be amended so the court may not order consecutive periods of confinements in a juvenile detention facility during a single disposition or for related offenses.*

**B. Cornerstone 2: “Efficient screening/assessment and cross-system coordination will reduce the administrative costs of services to families”**

**Recommendation 8**

*In the future, any development of, substantial modifications or improvements to information systems that relate to the delivery of services to children and families should be presented to a state-level coordinating body.*

**Recommendation 9**

*An affirmative statutory statement should be enacted that promotes effective and appropriate information sharing among and between eligible system professionals and families with whom they work so as to serve the best interests of children.*

**Recommendation 10**

*A standing Information Sharing Practices and Outcomes Panel should be established to address the issue of sharing best practices and outcomes data information in order to better inform and improve the delivery of services to children and families at both the State and local level.*

**Recommendation 11**

*There should be a standard process that is followed to identify, screen, assess and link necessary services with children and families. While it is universally recognized that children entering the juvenile justice and the child welfare systems should be screened, it is additionally recommended that other children under appropriate circumstances and with parental consent receive well being screenings as part of the routine examination/screenings that occur in the health care and/or education systems. Information obtained in this process should be shared with appropriate parties involved with the child and family. The selected screening and assessment instruments must be recognized as a legitimate and acceptable tool that will be accepted by the various systems that serve children.*

**Recommendation 12**

*Indiana should develop objective criteria to aid in the determination of whether to detain a juvenile in secure detention.*

**C. Cornerstone 3: “Begin with the best interests of children and let the fiscal policy follow”**

**Recommendation 13**

*The Indiana Code should be reviewed, and if necessary, revised to ensure that it is not in violation with the Juvenile Justice and Delinquency Prevention Act of 2002.*

**Recommendation 14**

*There should be no change in the current statutory requirements for a change in judge for delinquency cases (quasi criminal, “for cause”) and CHINS, paternity and Termination of Parental Rights (civil, “no cause”).*

**Recommendation 15**

*A new statute should be added to IC 31-34 and 31-37 to ensure that dispositional hearings in both CHINS and delinquency cases take place no later than 30 days after the adjudication, unless waived by counsel or family. A similar position should be added to the juvenile code that would establish the same time limit for modification of dispositions for both CHINS and delinquency proceedings. A new statute should be added to IC 31-34 and 31-37 to ensure that the initial hearing take place not later than 30 days from the filing of the petition if the child is taken into custody. A new statute should be added to IC 31-34 to mirror the current delinquency code (IC 31-37-11-2) that requires that if a child is in custody and a petition alleging delinquency has been filed, a fact finding hearing must occur no later than 20 days after the petition is filed, excluding Saturdays, Sundays and legal holidays and that if not in custody, the fact finding hearing must occur no later than 60 days after the petition is filed, excluding Saturdays, Sundays and legal holidays. A similar provision should be adopted to mandate the same time limits for modification proceedings as well, for both CHINS and delinquency.*

**Recommendation 16**

*HB 1228 should be passed in its entirety and that schools use a graduated sanctions disciplinary program that allows administrators to discipline students on a “case-by-case basis”. The additional ADM (average daily membership) count to be conducted in April 2005 based on legislative changes to IC 21-3-6-1.1 should be tied to the level of school funding starting with the 2005-2006 school year.*

### **Recommendation 17**

*The State of Indiana should begin implementation of Phase one of the “Strategy and Process for Funding Children’s Services” developed by the Juvenile Law Commission.*

### **D. Cornerstone 4: “Increase parent accountability and systems support of parents to produce positive outcomes for children”**

### **Recommendation 18**

*Each child-serving system should structure and manage information to recognize and support the integral role played by families in identifying, developing and guiding the delivery of services and recognize parental rights and responsibilities to protect the best interest of their children.*

### **Recommendation 19**

*New statutory language should be added to both the CHINS and the delinquency statutes that state, “The court having juvenile court jurisdiction may order parental participation if it is found with clear and convincing evidence that the health, safety and well-being of the child(ren) in the home requires an order of pre-adjudicatory parental participation. If a child is out of the home (in custody) the court having juvenile jurisdiction may order pre-adjudicatory parental participation if there is found to be clear and convincing evidence that such parental participation is necessary to facilitate the safe reunification of the child(ren) with the family or guardian. Additional language should be added that would ensure a violation of a pre-adjudicatory order of parental participation would not be admissible in subsequent criminal or civil proceedings.*

### **❑ Promising Practices**

During the work of the Commission, it was clear that many Indiana communities have initiated and maintained services and programs that were evidence based and were very promising in their ability to decrease or eliminate cross-system barriers. Each of the subcommittees was asked to catalogue those services and programs that met the expectation of “promising practices”. In all, over 25 such promising practices were identified and collated in a summary form for future reference. These services and programs have been developed by local community leaders or state officials in a manner that meets

the expectations of the four cornerstones established by the Commission and which serve children and families well.

□ ***Next Steps and Proposed Timeline***

The Commissioners are aware that the implementation of these recommendations are most likely a long term process that will require a blend of legislative changes, administrative rule changes, modification of agency policy, procedure, training and state plan development as well as local strategy development, implementation and capacity building. The Commissioners consider these recommendations to be a “call for,” and “blueprint for action” that can improve the quality of children’s lives, and provide families with the supports and services needed to strengthen their family. A proposed timeline was established that incorporated the Commission’s review of the initial recommendations, a process for community input and the identification of a definitive date in which the work of the Commission would be concluded. That date was June 30, 2005.

### **III. ESTABLISHMENT AND MEMBERSHIP OF THE GOVERNOR'S JUVENILE LAW COMMISSION**

### **III. Establishment and Membership of the Juvenile Law Commission:**

Executive Order 02-01 was signed by Governor Frank O'Bannon on April 25, 2002 and established the Juvenile Law Commission. On October 1, 2003 Governor Joe Kernan extended the existence of the Commission by Executive Order 03-24 after the untimely death of Governor O'Bannon. The 20 members of the Commission was required to have as it major purpose to study and propose to the legislature, judiciary and the Governor revision in the law s governing children in need of services and juvenile delinquents and the law governing their parents, guardians and custodians. This requirement was made because it is believed that the best interest of children and Hoosier citizens is best served by having the laws affecting the component parts of the juvenile justice system studied as a whole rather than as separate units.

The members of the Commission included:

Cheryl G. Sullivan, Initial Chair (1)  
Katie Humphreys, Chair (2)

James Payne, Judge  
Marion County Superior Court  
Juvenile Division

Steve DeMougin, Director (3)  
Division of Family and Children  
Family and Social Services Adm

Judge Viola Taliaferro  
Monroe County Circuit Court

Pam Cline, Deputy Commissioner (4)  
Indiana Department of Correction

Justice Robert Rucker  
Indiana Supreme Court

Honorable David Long  
State Senator

Diane WeissBradley, Chief  
Lake County Juvenile Court  
Probation Department

Honorable Glen Howard  
State Senator

Mel Carraway, Superintendent  
Indiana State Police

Honorable Ralph M. Foley  
State Representative

Honorable Robert Kuzman  
State Representative

Roger Duvall,  
Scott County Prosecutor

Susan Carpenter  
State Public Defender

Robin Tew, Executive Director  
Criminal Justice Institute

Connie Windhorst  
Parent Representative

Larry Landis, Executive Director  
Public Defenders' Council

Chessie Smith-Hacker  
Youth Representative

Bob Marra, Associate Superintendent  
Indiana Department of Education

Bruce Donaldson, Representative  
Indiana Juvenile Justice Task Force

- [1] Cheryl Sullivan served as Chair from February 2003 to October 2003
- [2] Katie Humphreys served as Chair from November 2003 to the present
- [3] Designee of the Secretary of Family and Social Services
- [4] Designee of the Commissioner of Correction

Staff of the Criminal Justice Institute:  
Nikki L. Kincaid, Youth Division Director  
Micah Cox, Staff Attorney

Consultants:  
Laurie Elliott  
Michelle Tennell  
James M. Hmurovich

#### **IV. SUMMARY OF OTHER GUBERNATORIAL AND LEGISLATIVE COMMISSIONS AND COMMITTEES ADDRESSING CHILDREN'S SERVICES**

#### **IV. Summary of Other Gubernatorial and Legislative Commissions and Committees Addressing Children's Services**

##### **A. Introduction:**

During the period of two years, from 2002 to 2004 there were four additional commissions and committees addressing children's services. These commissions and committees include:

- Governor's Commission on Home and Community Based Services, established by Executive Order 02-15, signed by Governor O'Bannon on July 7, 2002;
- Commission on Abused and Neglected Children and Their Families, established by SEA 62, 2003 General Assembly;
- P.L. 290 Task Force, established by SEA 290, 2003 General Assembly; and,
- Interim Study Committee on Juvenile Law and Corrections, established by Legislative Council Resolution 03-01, adopted May 28, 2003 (based upon SB 229).

Each group had a mission or mandate that was somewhat different but included some common themes and topics. A summary of each group is presented below.

##### **B. Governor's Commission on Home and Community Based Services:**

Authority: Executive Order 02-15, signed July 7, 2002

Specific Charge(s):

a) The Commission:

- Assess the current capacity of services in the community;
- Identify aspects of the current regulations on funding that support institutional care over community care;
- Address the gap in services in the community, thereby developing a plan to meet the needs for transition, considering changes in the type of services provided and the delivery of those services.

b) Children At-Risk Task Force:

- Examine the benefits and limitations of the current system including how it functions today; how it identifies and processes children; how parents obtain access to the system, how the system is funded; the policies that affect the various components of the system; and areas that should be highlighted because of their success or the that need to be strengthened;
- Determine the number of children currently in both public and private residential treatment centers;
- Examine alternatives to residential care, including a review of how other states have addressed the issue;
- Determine the barriers that prevent children from being integrated or reintegrated into a community setting and recommendations as to how to overcome those barriers;
- Develop a plan that addresses the transition throughout childhood and adulthood, including the challenges of multi-agency involvement;
- Develop a plan that provides for quality improvement and data to track the outcomes that are important to children and families; and,
- Develop recommendations that summarize how the focus of the Children At-Risk Task Force relates to a) current system barriers, b) current promising practices, c) incentives for change, d) potential partnerships, e) recommendations for system change, f) evaluation criteria to measure the effectiveness of change, g) legislative proposals, and budget recommendations.

Participants:

- 17 members appointed by the Governor;
- 2 state representatives; and,
- 2 state senators

Commencement: August 2002

Completion: December 18, 2003 (Final meeting)

Recommendations:

- Establish a system of care in each Indiana community by June 30, 2007; and,
- Re-direct funds to prevention and early intervention services by December 31, 2008.

**Status:** ***Final recommendations submitted***

### **C. Commission on Abused and Neglected Children and Their Families:**

Authority: SEA 62, 2003 General Assembly

Specific Charge(s):

- To develop an implementation plan for a continuum of services for children at-risk of abuse or neglect and children who have been abused or neglected and their families;
- Review Indiana's public and private family services delivery system for children at risk of abuse or neglect and for children who have reported as suspected victims of child abuse or neglect;
- Review federal, state and local funds appropriated to meet the service needs of children and their families;
- Review current best practice standards for the provision of child and family services;
- Examine the qualifications and training of service providers, including foster parents, adoptive parents, child caring institution staff, child placing agency staff, case managers, supervisors and administrators, and make recommendations for a training curriculum and other necessary changes;
- Recommend methods to improve use of public and private funds to address the service needs of children and their families;
- Provide information concerning identified unmet needs of children and families and make recommendations concerning the development of resources to meet the identified needs; and,
- Suggest policy, program and legislative changes related to family services to enhance the quality of the services and identify potential resources to promote change to enhance the services.

Participants:

- 1 prosecuting or deputy prosecuting attorney;
- 1 attorney specializing in juvenile law;
- 1 law enforcement representative;
- 2 children's advocates;
- 1 Guardian ad Litem or Court appointed Special Advocate;
- 1 juvenile court judge;
- 1 public agency children's services caseworker;
- 1 private agency children's services caseworker;
- Director, Division of Family and Children;
- 1 counselor or social worker from Indiana's "at-risk" school program;
- 1 pediatrician;
- 1 medical social worker;

- 2 faculty members;
- 1 county office of family and children director;
- 1 foster parent;
- 1 adoptive parent;
- 1 nonprofit family services agency worker;
- 1 representative from a child caring institution;
- 1 psychologist who works with abused and neglected children;
- 1 person with experience and training in juvenile fire setting identification and intervention;
- 2 state representatives; and,
- 2 state senators.

Commencement: Appointments to the Commission shall be made no later than August 15, 2003.

Completion: The Commission submitted a final report to the Governor, the legislative council and the board for coordination of childcare regulations.

#### Recommendations:

- Implement a caseload standard for child welfare workers of 12 active investigations per month or 17 on-going cases per worker;
- Require a college degree for front line workers, preferably in human services or social work;
- Increase the number of child welfare training staff;
- Develop a policy that all child welfare workers receive training prior to receiving a caseload;
- Establish a committee to ensure the recommendations of the committee are implemented;
- Strengthen the local child protection team through training and other resources;
- Reduce the over-representation of children of color in the child welfare system;
- Develop and implement transitional living services for children aging out of the child welfare system;
- Facilitate kinship care and emergency placements of children removed from their homes following reports of abuse or neglect;
- Pass legislation to amend the statute so the Division of Family and Children must explain to the Court the rationale for a motion to dismiss a case;
- Amend the Indiana Code to include a finding that the requirement of IC 31-19-17, Sections 1, 2 3 and 4 have been complied with, prior to the approval of an adoption;

- Repeal the elimination of the growth caps and banking of unused tax levies;
- Encourage parental payment of child support for children in out-of-home care;
- Amend the child welfare statutes to require every child who is found to be a CHINS to be represented by a Guardian Ad Litem or Court Appointed Special Advocate;
- Expand family support services in all 92 counties;
- Increased federal dollars into Indiana;
- Maximize each child's eligibility for federal program through the use of regional funding resource experts;
- Reinstate the Title IV-E State share in the 2006-07 budget cycle;
- Provide Medicaid waiver services to families with children with disabilities;
- Standardized foster parent training;
- Adopt renewable training requirements by professional licensing boards responsible for licensing of professional who work with children regularly;
- Evaluate the use of Kids First Trust Fund dollars so they are used for primary prevention;
- Require prospective adoptive parents to attend 20 hours of foster parent training and six hours of pre-adoptive training;
- Achieve accreditation for the child welfare system over the next three years;
- Implement cross-disciplinary technology modifications;
- Increase parental understanding and participation in the CHINS process;
- Develop a 10 year multi-media public awareness campaign;
- Establish a permanent Research and Training Institute for Children;
- Adopt an alternative response system in response to abuse and neglect allegations;
- Support the Indiana Supreme Court to continue and expand the Family Court Project; and,
- Expand IV-B contracts to include standards for continuing education and training for home-based workers.

**Status:**

**Final Recommendation Submitted**

**D. P.L. 290 Task Force:**

Authority:

Established; SEA 290, 2002 General Assembly

Specific Charge(s):

- Study and identify methods to coordinate, integrate, and streamline service delivery to children with disabilities and their families; and,
- Maximize the use of available federal, state, and local fiscal resources to provide an array of services to children with disabilities and their families.

Participants:

Director, Division of Family and Children;  
Director, Division of Mental Health and Addictions;  
Director, Division of Aging and Rehabilitative Services;  
Assistant Secretary, Office of Medicaid Policy and Planning  
Director, Children's Special Health Care;  
Commissioner, Department of Correction;  
1 state senator;  
1 state representative;  
1 mental health representative;  
1 school corporation special education director;  
1 lay community person with knowledge of special services;  
1 community person with knowledge of special education.

Commencement: June 2002

Completion: December 2002

Recommendations:

- Revise the Family and Social Services Administration policy so as to permit authorization of employment services for students who are at least 16 years old and eliminate the requirement that the student must be in the last semester of the senior year. Authorization may be contingent upon the case conference committee's determination that employment services are needed and the inclusion of those services in the student's Individual Education Plan;
- Request the Family and Social Services Administration to establish pilot sites at which the authorization described in recommendation 1 will be implemented and a concerted effort will be made between the local Vocational Rehabilitation Services office and the local school corporation for 24 months to identify the need for employment services and to provide the identified services earlier

in the student's educational career. The school and the Family and Social Services Administration should collect data to analyze the effectiveness of educational and employment outcomes, as well as the fiscal impact of the earlier authorization. A group comprised from the Family and Social Services Administration, The Department of Education's Division of Exception Learners, and the Indiana Association for Rehabilitation Facilities should make the determination for the pilot sites;

- Identify local models of collaboration between schools and community groups that strive to enhance the transition process for students with disabilities and promote best practices in other communities. The Division of Exceptional Learners, in conjunction with representatives from the Indiana Council of Administrators of Special Education, the Indiana Association for Rehabilitative Facilities, the Family and Social Services Administration and other state and local agencies, should participate in this effort;
- Examine the feasibility of awarding Innovation and Expansion grants to expand available transition services through collaboration and coordination of the local school and transition service provider;
- Examine the feasibility and practicality of a school becoming eligible for a purchase of service agreement for a limited number of pilot sites to secure a purchase of services agreement to provide services. The feasibility review and development of a plan should be completed by July 1, 2003, to allow implementation to begin the 2003-2004 school year;
- Continue to support the State Budget Agency committee in its review of the availability of Medicaid funding to support services provided to students with disabilities, including services required as they transition from school to post-school activities. The review should result in identification of services that can be funded, whether changes to the State Medicaid Plan and/or State Medicaid programs are necessary to effect such funding, and the sources of state match to leverage Medicaid funding for these services;
- Ensure that school corporations that have a large population of Medicaid and/or Early and Periodic Screening, Diagnosis and Treatment eligible students, but that are not currently seeking Medicaid reimbursement for eligible students and services, and work with those schools to examine the feasibility of Medicaid funding;
- Ensure that school corporations not currently enrolled as Medicaid providers are enrolled no later than June 30, 2003;
- Work with community mental health centers and local schools to develop an agreement that, in exchange for the community mental health center providing Individual Education Plan-identified

mental health services to eligible students, the local school will provide the community mental health center with the necessary state match funds to allow the community mental health center to leverage federal Medicaid Rehabilitation Option funds;

- Submit the application for Home and Community based Services waiver for children with serious emotional disabilities to the Center for Medicaid and Medicare Services by June 30, 2003;
- Provide or fund the provision of services to children must continue to actively support the efforts of the Governor's Commission on Home and Community Based Services and its associated task forces and the recommendations of the SB 290 Task Force as they continue their efforts to eliminate barriers;
- Enhance the development of community capacity and develop systems that allow for consumer choice. The state agencies should also examine their existing task forces, committees, and similar groups charged with examining issues related to provision of services to children with disabilities and determine which of these groups should be merged with the Governor's Commission in order to ensure coordination of common policy, agency, legislative initiatives, as well as a consolidated and comprehensive system of services to children;
- Identify a single point of entry to a) assemble the policies, requirements and regulations of each state agency related to that agency's provision of funding of the provision of services to children with disabilities and communicate this collective information to the agencies, and b) coordinate the strategic planning efforts of all state agencies that provide or fund the provision of services to children with disabilities; and,
- Coordinate a review of the various funding sources available within the Department of Education and identify ways to "braid" or "blend" funding across cost centers and Divisions to ensure the available departmental resources are maximized for student benefit. The Division also should examine how other Department of Educations have implemented "braided" funding.

**Status:**     ***Final Recommendations Submitted***

#### **E. Interim Study Committee on Juvenile Law and Corrections**

Authority: Legislative Council Resolution 03-01, adopted May 28, 2003 (Based upon SB 229)

Specific Charge:

- To recommend changes in juvenile law to the Legislative Council by January 1, 2004

Participants:

2 state representatives;  
2 state senators;  
1 prosecuting attorney;  
1 juvenile public defender;  
2 juvenile court judges;  
1 Court Appointed Special Advocate or Guardian ad Litem;  
1 attorney who is a member of the Indiana State Bar Association's committee on civil rights for children;  
Executive Director of the Indiana Judicial Center;  
1 person employed by a non-profit organization that addresses delinquency and juvenile justice issues;  
1 probation officer;  
Director of the Criminal Justice Institute; and,  
1 representative from a law enforcement agency.

Commencement: Six meetings held.

Completion: November 1, 2003

Recommendation: The Committee made two recommendations concerning juveniles:

- The Committee made no findings concerning the Juvenile Law Commission; and,
- Concerning monies owed the State by the counties for commitments to the Department of Correction, there were two findings:
  - a) Counties need to pay the State the \$72 million that is owed; and,
  - b) Any funds collected by the Indiana Department of Revenue should not be held by the State.

**Status: Work completed.**

**V. INFORMATION AND RESEARCH THAT  
PROVIDED A BASELINE FOR THE COMMISSION  
TO STUDY SYSTEMIC ISSUES**

## **V. Information and Research That Provided a Baseline for the Commission to Study Systemic Issues**

### **A. Introduction:**

The mandate for the Commission from the Governor was very direct and clear. That mandate required the Commission to determine how cross-system planning, policy integration, service coordination, information sharing and integrative funding could be developed in a manner that improved outcomes for children, reduced administrative costs and provided cross-system coordination to support families in a more effective manner.

The Commission received testimony from various systems experts that identified the similarities in the various systems that serve children and provided a foundation in which to establish the critical junctures” or “intersections” upon which the subcommittees and subsequent discussion was framed. Testimony received from Francine Hill, a professor at the Indiana University of Law, and noted expert in children’s law provided the flowchart contained in Appendix A that explained a child’s entry to the child protection and juvenile justice systems. Bob Marra, Associate Superintendent from the Indiana Department of Education provided a similar type of flowchart for a child’s entry into the special education system that is contained in Appendix B.

### **B. Summary of SFY 2002 Expenditures for Children’s Services:**

In 2002, the State of Indiana expended approximately \$1.5 billion in taxpayer dollars on children’s services. These funds were expended in the following manner:

• Prevention and Well-Being Services	11%
• Community-Based Services	64%
• Institutions	25%

The source of these funds was:

Local	21%
State	42%
Federal	37%

**(NOTE: Excludes general education expenditures)**

Often, the use of these funds requires compliance with categorical requirements developed by the funding source to attain a specific goal or deliver a specific service. While no one funding source should be viewed as the means to meet all the service needs of a child or family, many funding sources exist that when used in a collaborative, accountable and integrative manner, can meet more of the total needs of the child and family. The challenge is to develop a forum and a process that promotes integrative funding of the service needs in a coordinated manner. Such a forum must exist at the state policy level, as well as at the local community level to provide an authoritative voice for policy implementation and dispute resolution. An obvious first step to understanding budgets and expenditures is to prepare a comprehensive summary of that information. The Commission prepared a Children's Services Budget document to accomplish that objective and provide the basis to understand how integrative funding can be achieved. That information is contained in Appendix C.

The Children's Services Budget document was not developed to be a solution for funding of children's services. Instead it was intended to present accurate and factual data to promote an analysis of how funds were being expended, initiate a dialogue with appropriate agencies to determine what opportunities for service improvement could be accomplished, what efficiencies could be attained and how accessibility to services could be made more effective to support families

### **C. Scope of Service Need and Research:**

A limitation of the Children's Services Budget document is the non-inclusion of the number of children served. This aspect of the information was eliminated due to the variety of ways in which information is maintained by agencies, the definition of service users and the very reporting nature of the use of the funds. While it is possible to obtain some information on this issue, it was decided that that would become an activity linked to the re-engineering of the funding mechanism for services (see Phase one of the Integrative Funding Recommendation.)

Information about the scope of service need however, can be approached through findings based upon research published by various child serving organizations and higher education agencies. A selected assortment of these findings are presented here for review:

- "The direct and indirect costs to society from child maltreatment total over \$258 million each day or more than \$94 billion on an annual basis" (Fromm, S., *Total Estimated Cost of Child Abuse and Neglect in the United States, Statistical Evidence*, Prevent Child Abuse America, 2001);

- Children who are maltreated are more likely to engage in criminal behavior typically starting in the adolescent years, require special mental and physical health care services, abuse alcohol and other drugs, need special education to address development delays and/or exhibit abnormal sexual behavior and be at risk for sexually transmitted diseases (U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment*, 2002);
- Two-thirds of abuse or neglectful families have drug and alcohol problems, but only 31% receive treatment (Child Welfare League of America, 1997). More than one-half of the children in foster care have parents with substance abuse problems (Child Welfare League of America, 2001);
- Maltreated children of substance abusing parents who are in the foster care system tend to remain in that system longer than children of non-substance abusing parents which leads to increased child welfare expenditures (National Center on Addiction and Substance Abuse at Columbia University, 2001);
- Pregnant mothers who drink or use drugs are at greater risk of having babies with low birth weight and/or neurological injuries. Even subtle brain damage caused by ingestion of alcohol or drugs increases the risk that a child will have persistent psychological problems and commit violent crimes later in life (Hack, M., Flanner, D.J., Schluchter, M., Catar, J., Borawski, E., and Klein, N., *Outcomes in Young Adulthood for Very Low Birth Weight Infants*, The New England Journal of Medicine, 346(3), 149-151, 2002) (Olds, D., Henderson, C. and Eckenrode, J., *Preventing Child Abuse and Neglect with Prenatal and Infancy Home Visiting by Nurses*, in K. Browne, H. Hanks, P. Stratton, and C. Hamilton (eds.) *Early Prediction and Prevention of Child Abuse: A Handbook*, London, John Wiley and Sons, 2002).
- A national study found that children with disabilities were 1.7 times more likely to be maltreated than children without disabilities (Sedlak, A. and Broadhurst, D., *The Third National Incidence Study of Study of Child Abuse and Neglect*, NIS 3, U.S. Department of Health and Human Services, 1996);
- Approximately 37% of substantiated cases of maltreatment cause disabilities (National Clearinghouse on Child Abuse and Neglect Information, *In Focus, The Understanding the Effects of Maltreatment on Early Brain Development*, October 1993)

- 50% or more of the maltreated children have difficulty in school, including poor attendance and misconduct (van der Kolk, B., Crozier, J.M. and Hopper, J, *Child Abuse in America: Prevalence, Costs Consequences and Intervention*, Brookline, Massachusetts, The Trauma Center at HRI/Boston University School of Medicine, 1999).
- Women exposed to multiple types of adverse childhood experiences including maltreatment had a 50% increase in the likelihood of an unintended first pregnancy (Dietz, P. et al., *Unintended Pregnancy Among Adult Women Exposed to Abuse or Household Dysfunction during their Childhood*, Journal of American Medical Association, 282, (14), 1359-1364, 1999);
- The children of teenage mothers are at greater risk of abuse and neglect (George, R.M., and Lee, B.J., *Abuse and Neglected Children*, 1997, in R.A. Mayn (Ed.) *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 205-230), Washington D.C., The Urban Institute Press);
- The sons of teen mothers are 13% more likely to end up in prison while daughters are 22% more likely to become teen mothers themselves (Maynard, R.A., *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York, New York, Robin Hood Foundation, 1996).
- Approximately 30% of maltreated children suffer chronic health care problem (Hammerle, N., *Private Choices, Social Costs and Public Policy: An Economic Analysis of Public Health Issues*, Westport, CT., Praeger, 1992);
- Emotional and psychosocial problems identified among individuals who were maltreated as children include: low self-esteem, depression and anxiety, post-traumatic stress disorder, attachment difficulties, eating disorders, poor peer relations and self-injurious behavior such as suicide attempts (Goldman, J., Salus, M., Wolcott, D. and Kennedy, J., *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*, U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, 2003);
- Child abuse is a risk factor for delinquent behavior in adolescents and violent adult tendencies. Being abuse or neglected as a child increased the likelihood of arrest as a juvenile by 53%, as an adult by 38% and for violent crimes by 38% (Kempe, R., and Kempe, C.H., *Assessing Family Pathology, Child Abuse and Neglect*, The Family and The Community, pp. 115-126, 1976);

- Some risk factors associated with a child's disruptive and delinquent behavior include: being a teenage mother, having a poorly educated parent, maternal depression, parental substance abuse/antisocial or criminal behavior, poor parent-child communication, poverty/low socioeconomic status, harsh and/or erratic discipline practices, and maltreatment or neglect, Loeber, R., and Farrington, D.P., *Never Too Early, Never Too Late: Risk Factors and Successful Interventions for Serious and Violent Juvenile Offenders*, Studies on Crime and Prevention 7 (1), pages 7-30, 1998)

#### **D. Review of Statutes:**

The Commission heard testimony and the subcommittees discussed various aspects of federal and state statutes, administrative codes and policies that impact the manner in which the various systems that serve children can interact with each other. It became clear that more often than not, federal law and regulations **do not** prevent state and local agencies from collaboration and cooperative interaction to serve the best interests of children.

The separation and fragmentation of the authority to manage the specific child serving systems however, and the separation of those system funding sources however, does have a significant impact on the manner in which policy is developed, information is shared, children are assessed and services are delivered. To facilitate a dialogue on this issue, the agency heads of the following state agencies were requested to review all state statutes, administrative codes and state plans that address children's services. The goal was to determine what statutes required modification to improve services, and to identify those issues that were management and training issues.

The state agencies responded in an exemplary fashion and provided input to over 225 different statutes and administrative codes that impact children's services. The agencies that were involved in the review included:

- Department of Correction;
- Department of Education;
- Department of Health;
- Family and Social Services Administration; and,
- Indiana Judicial Center.

The responses were distributed with the Children's Services Budgets to the members of the subcommittees so that a discussion could be held concerning the view of the state agencies concerning the potential modification of relevant statutes and administrative codes. The responses were collated by statute or

administrative code, state agency and by the “junctions” or “points of intersection” previously mentioned.

Appendix D is a complete listing of the agency responses in a collated format by “junction” or “points of intersection”.

## **VI. THE MANNER AND FORMAT OF THE COMMISSION'S WORK**

## **VI. The Manner and Format of the Commission's Work:**

### **B. Introduction:**

The Chair of the Commission was aware of the work of other committees and commission reviewing children's services. The unique mandate of the Governor to recommend systemic changes however provided a basis to understand how systems that serve children interact, or in some circumstances do not interact in a comprehensive manner. After an initial discussion of many specific and "stand alone" issues, the Chair focused the discussion on the systemic issue for inter-system collaboration that was envisioned in the Executive Order.

### **B. Cornerstones of the Commission:**

To facilitate and guide the work of the Commission, four cornerstones, or "guiding principles" were developed. These included the following:

#### **1. MINIMIZE LABELING WHILE MAXIMIZING SERVICE COORDINATION SO THAT THERE ARE NOT "WRONG DOORS" TO SYSTEMS ENTRY.**

##### **Issues to be addressed:**

**How do we remove the "artificial" door that labeling creates between CHINS & delinquents?**

- a) Determine actual differences between the two populations, the causes of the labeling & how services can be integrated (same services different door concept);**
- b) Develop strategies/policies to remove the barriers to services based on the current labels;**
- c) Balance the tone of all recommendations to incorporate both needs of children & families and public safety within the community;**

**How do we create a "bridge" between systems that allows children & families to be served simultaneously and collaborative across the systems (e.g. simultaneous CHINS & delinquency findings with services coordinated between the two systems)?**

- a) Examination of eligibility requirements under each label, the goals of each system and how this relates to service availability (developing the same "menu" of available services across labels).**

## **2. EFFICIENT SCREENING/ASSESSMENT AND CROSS-SYSTEM COORDINATION WILL REDUCE THE ADMINISTRATIVE COSTS OF SERVICES TO FAMILIES**

**Questions to be addressed:**

- **What should be the standard definition of screening & assessment?**
  - a) **Research the basic information being collected in screening & assessment tools across systems (juvenile justice [probation, detention, corrections], mental health/substance abuse, child welfare, and education) to determine redundancies and opportunities for cross-system information-sharing;**
- **Determine and recommend the necessary basic categories of information to be collected via screening and assessment tools across systems:**
  - a) **What are the barriers to cross-system screening and assessment?**
  - b) **Research the different types of screening & assessment tools being used within the various systems (juvenile justice [probation, detention, corrections etc.], mental health/substance abuse, child welfare, and education) and potential changes in policies to allow for integration/acceptance of screening & assessment results across systems;**
  - c) **Develop strategies & policy recommendations to allow for the earliest possible screening & assessments for children & families who come into contact with the various service systems; and,**
- **Coordinate with other state agencies and initiatives currently working on the issues of screening & assessment to reduce redundancy in efforts and coordinate recommendations (e.g. Indiana Judicial Center, FSSA/Policy Academy).**

### **3. BEGIN WITH THE “BEST INTERESTS OF CHILDREN” AND LET THE FISCAL POLICY FOLLOW.**

#### **Issues to be addressed:**

**How do we reduce the conflicts in the laws affecting CHINS & delinquents so that these laws are not at odds with the best interests of the child?**

**What are the barriers to funding of services for children & families involved in multiple proceedings and systems?**

**Utilize examination of eligibility requirements across systems to determine funding barriers; and,**

**Research and recommend statutory and policy changes necessary to create a collaborative “child fund” across systems to provide services to children & families holistically (breaking down of silos).**

### **4. INCREASE PARENT ACCOUNTABILITY AND SYSTEMS SUPPORT OF PARENTS TO PRODUCE POSITIVE OUTCOMES FOR CHILDREN.**

#### **Issues to be addressed:**

- **What jurisdiction does a court have over parents?**
  - a) **At what point in the different court proceedings (i.e. CHINS and delinquency) does the court have authority over parents and how much control does the court have over parents’ participation and behavior?**
  - b) **Investigate statutory or policy changes to allow courts access to the same services for parents in delinquency proceedings as in CHINS proceedings.**
- **What control/authority does a school corporation have over parents & parent accountability for their child’s education?**
  - a) **Investigate potential statutory or policy changes to link judicial authority over parental participation in the juvenile justice arena to the educational arena.**

These cornerstones provided the blueprint for subcommittee discussions that were held throughout the Summer and early Fall of 2004. Initially developed to be completed in three meetings, each of the subcommittees agreed to meet “until the job was done” and typically met five times.

***The work of the subcommittees provided examples that federal law and regulations do not necessarily prohibit inter-system collaboration. The separation and fragmentation of the authority to manage the specific child serving systems and the separation of those system funding sources however, do have a significant impact on the manner in which policy is developed, children are assessed, information is shared, and how services are funded and delivered among those child serving systems.***

### **C. Roles and Functions of the Subcommittee**

A description and introduction to the four subcommittees included the following:

#### **1. PLANNING, POLICY AND SYSTEM DEVELOPMENT**

##### **Purpose:**

Effective policy development on children’s services should be a function of input from both customers of the services and service providers, evidence-based research and extensive public comment and debate. Collaborative service delivery to children and their families requires the effective integration of policies from each of the systems that serve these children so a continuum of services is available. These systems include:

- Child Protection
- Juvenile Justice
- Developmental Disabilities
- Education System
- Mental Health and Addictions
- Health

While these systems are not intended to conflict with a holistic approach to service delivery, they do not necessarily compliment each other well in practice. Families often state that when being served by multiple service systems, their case plans sometimes conflict, numerous service providers consume numerous hours of the family’s time and family’s still feel confused about the manner to

access the correct services to meet their child's needs. Anecdotally, professionals in the various systems agree that they are serving the same children, but effective case planning and funding continue to miss the goal of effective service delivery. A plan must be established that coordinates these systems of services.

The objective of this subcommittee was to develop an effective use of existing planning bodies that are charged by law to accomplish what has not been attained to date. The effective use of planning and policy development should decrease the number of children entering the adult criminal justice system, and other systems that serve adults who may have had their needs develop, but not addressed when they were children. Community teams such as Step Ahead, Community Corrections, First Steps, Early Intervention and Child Protection all have statutory mandates to plan for prevention and early intervention services, but integrated service delivery remains a vision and not a reality. In order to support a public policy of prevention, early intervention and community and home based services, there must be a concerted effort to inform and educate agency and community leaders about the role of these teams and determine a manner in which the planning of these teams result in a more seamless delivery of services that transcends any one system. These teams must be evaluated for their strengths and state policy makers must remove barriers that prevent communities from attaining their statutory and public policy goal that the child should remain the focus of the systems of service.

### **Function:**

The Planning, Policy and System Development Subcommittee was tasked to discuss and report to the Commission various recommendations that:

- Identify the strengths in the local community planning processes and determine if efficiencies can be attained.
- Determine how these local planning bodies can enhance the State's policy on community and home-based services.
- Determine what statutory, administrative rule or state plan modifications must be enacted to improve the local planning process.
- Determine if statutory preambles or executive "guiding principles" should be established for the various systems that serve children and families to overcome administrative barriers to effective planning.

- Determine what information technology exists and what enhancements are needed to make the service delivery systems more accountable and effective.
- Establish a mechanism to determine a non-duplicative “kid count” for children in multiple systems.
- Establish key indicators as a means to evaluate the effectiveness of these recommendations.

## **2. IDENTIFICATION, ASSESSMENT AND SERVICE REFERRAL**

### **Purpose:**

Frequently, families are involved in multiple service systems for their children. Often that involvement does not provide the opportunity for siblings of a child being served, to receive services that can meet a specific need. Sometimes, a family is served by one system for a specific child, and a second system for another child, when in reality, a holistic family approach of service referral process by either system could result in overall better outcomes for both the children and the family. There must be an effective mechanism to identify potential service needs of children, assess those needs for services and refer that child and family to the proper professionals for the services.

The State’s policy on community and home-based services provides an opportunity for agency personnel and service providers in all service systems to re-evaluate the manner in which children are assessed, services are delivered and the manner in which referrals are made. Effective inter-system policy development and integration, assessment and service standards must be developed and monitored that promotes better child outcomes. A user-friendly referral system must be established and local service resources must be well known to service providers working with families.

The objective of this subcommittee was to identify best practices in Indiana and the country that exhibit research based evidence of success in the areas of child identification, needs assessment and the manner in which services are matched to the individual needs of the child and family.

### **Function:**

The Identification, Assessment and Service Referral Subcommittee was tasked to discuss and report to the Commission various recommendations that:

- Identify appropriate screening as well as risk, safety, service and needs assessment instruments for children and their parents or guardians, including parenting skill assessment and a determination of the emotional and mental effects of involvement in the various systems that serve children.
- Develop and implement cross training of service and agency staff.
- Implement a process in which these needs and risks are met in the community and the manner in which parental involvement and services can be offered in a preventive or early intervention manner.
- Identify community capacity to address the service needs of children and families.
- Establish service standards that can be monitored and enforced effectively.
- Develop an effective case management and case plan development process that can be used and understood among various service systems.
- Establish key indicators as a means to evaluate the effectiveness of these recommendations.

### **3. INFORMATION SHARING**

#### **Purpose:**

Significant information is obtained by the various systems that serve children and families. Often, that information is not shared with other agencies serving the same child or family or a time-consuming process must be undertaken to obtain that information. This often results in untimely information sharing that does not benefit the child or family well. When asked, agency personnel express frustration over the unwieldy manner in which information sharing occurs and they are concerned about the lack of information in an age of Internet and web based technology.

An understandable response from professionals is the fear of civil liability, violation of HIPAA requirements and the “confidentiality and sensitivity” of the information. While it is recognized that children and families have a right to privacy and confidentiality, there must be a more effective manner to

safeguard this information while sharing pertinent information with service providers and agencies involved in the child and family's lives.

The objective of this subcommittee was to identify an effective manner to share pertinent information to appropriate people so as to protect the privacy of families and promote more need identification and service delivery.

**Function:**

The Information Sharing Subcommittee was tasked to discuss and report to the Commission various recommendations that:

- Identify the barriers that inhibit effective communication sharing, as well as strategies to overcome those barriers.
- Identify effective community models that currently work well.
- Identify the manner in which automated information systems could be used to manage children and family's treatment plans.
- Identify specific statutory and administrative rule citations that impose a barrier on information sharing and develop effective responses, strategies and alternatives to overcome these barriers.
- Develop a more timely and appropriate information sharing process.
- Determine the most effective manner to promulgate and implement an effective information sharing process.
- Establish key indicators as a means to evaluate the effectiveness of these recommendations.

**4. INTEGRATIVE FUNDING SUBCOMMITTEE**

**Purpose:**

In 2002, the State of Indiana expended almost \$1.5 billion in taxpayer dollars for children's services. These funds were expended in the following manner:

Prevention and Well-Being	11%
Community Based Services	64%
Institutions	25%

The source of these funds was:

Federal	37%
State	42%
Local	21%

**(NOTE: Excludes general education expenditures)**

Often, the use of these funds requires compliance with categorical requirements developed by the funding source to attain a specific goal or deliver a specific service. While no one funding source should be viewed as the means to meet all the service needs of a child or family, many funding sources do exist that when used in a collaborative and integrative manner, can meet the total needs of the child or family. The challenge is to develop a forum and a process that promotes funding the service needs in a coordinated manner.

Conventional wisdom would indicate that a more efficient use of these funds could provide a holistic and effective approach to services while potentially decreasing administrative costs. The effective use of existing resources does not advocate a single approach to funding.

The objective of this subcommittee was to develop a forum and process that draws service funds from appropriate funding sources to meet children and family's needs in a seamless, as well as a transparent manner. The role of effective multi-year budget planning was to be a focus and central theme to the work of this subcommittee.

### **Function:**

The Integrative Funding Subcommittee was tasked to discuss and report to the Commission various recommendations that:

- Review the existing government service funds and determine if all available funds that serve children have been identified.
- Determine what additional sources of funds exist that are not being utilized in Indiana in any of the systems that serve children.
- Determine what source of funds are underutilized or not utilized effectively and develop strategies that can improve the use of these funds.

- Identify additional revenue and reimbursement sources that can be used for children's services.
- Determine if the current funding and fiscal policy for children's services support the policy of community and home based services and the manner and role in which the county fiscal bodies can promote and support that policy.
- Identify a prototype or model at the community level and at the state level that provides the forum to maximize existing funds and promotes the use of multiple funding sources to meet the total needs of children and families.
- Establish key indicators as a means to evaluate the effectiveness of these recommendations.

Appendix E is a summary of the subcommittee participants. Deliberate consideration was given to include both local and state officials in the subcommittee discussions, including representatives from:

- Local Offices of Family and Children;
- Juvenile Probation Offices
- Juvenile Court Judges
- Indiana Department of Correction
- Local Community School Corporations
- Indiana Department of Education
- Local Secure Detention Centers
- Family and Social Service Administration
- Local Comprehensive Community Mental Health Centers
- Residential and Home-Based Service Providers
- County Prosecuting Attorneys
- Public Defenders

## **VII. RECOMMENDATIONS**

## **VII. Recommendations:**

The following are the recommendations that were approved by the Governor's Juvenile Law Commission at its meetings on October 13, and November 10, 2004. They are presented by cornerstone:

### **CORNERSTONE 1: MINIMIZE LABELING WHILE MAXIMIZING SERVICE COORDINATION SO THAT THERE ARE NOT "WRONG DOORS" TO SYSTEMS ENTRY**

#### **Recommendation 1**

It is recommended that the legislative codes of the juvenile justice, child welfare, education and mental health systems be amended to contain a common Purpose Statement outlining the policies of the State of Indiana with regard to the provision of services to children and families.

#### ***Background:***

There is consensus among many professionals working with children that the service needs of children in the various child-serving systems are similar if not identical. This is especially true for children in the juvenile justice, the child protection and the mental health systems. Yet, these systems do not develop and integrate policy, training or funding in the most efficient and cost effective manner. This is not a criticism of the administrators of the systems, but more of an indication about some fundamental deficiencies in the manner in which services for children are administered based upon state statute and categorical funding streams.

Children's health, child protection, developmental disability and mental health services are within the statutory authority of the Governor. Juvenile justice matters are within the authority of the Indiana Judicial Conference and education (including special education) is within the authority of a separate statewide elected official, the Superintendent of Public Instruction. This separation of authority to manage and integrate services is complicated further by the manner in which services are paid. While a Juvenile Court has the authority to order services for a child before the Court, the funding for the services for child protection and juvenile justice are paid by a budget that is developed by the Juvenile Court Judge and the local office of Family and Children Director, submitted by the Family and Social Services Administration, and ultimately approved by the county fiscal body. This is the same fiscal body that must approve separate property tax levies for general education services and the comprehensive mental health centers within the county. Often, it

appears that the child “follows the money”, rather than the money following the child. To complicate the matter further, separate funding is approved in the state general fund for a state share of special education and for mental health services.

These various funding streams and authorities to manage the funds decrease the effectiveness of the services that are developed for the child. Developing a common basis for the various child-serving systems would provide a consistent intent and establish a better foundation for the various systems to share a common vision so as to develop common policies and practices that serve the best interests of children.

***Recommended Implementation:***

- Review each system/agency governing statutes, administrative codes and state plans to determine whether changes are necessary.
- Establish an inter-agency team with both state and community level participants representing the six child serving systems to develop and implement the changes brought about by the purpose statements.
- Revise and model the purpose statements after the current purpose clause included in the delinquency code under I.C. 31-10-2-1 and ensure that the current and/or revised purpose statements do not create a cause of action that could be unreasonably raised again child & family serving systems.
- Identify a legislative sponsor to submit the recommended statutory purpose statement language.
- Develop a state level forum for one year to assess and resolve policy and practice disagreements brought about by the statutory changes.
- Develop and implement a training plan for each affected system/agency.

***Projected Fiscal Impact:*** No additional appropriations recommended. All policy and training costs are to be assumed within existing budgets.

***Recommended Date of Implementation:*** July 1, 2006.

## **Recommendation 2**

It is recommended that Indiana law be changed from a two-tiered (juvenile court and adult court jurisdiction) system to reflect a three-tier system consisting of: (1) juvenile court jurisdiction, (2) youthful offender/extended jurisdiction under juvenile court jurisdiction, and (3) adult court jurisdiction. It is recommended further that the Legislature review, for elimination, and/or

reduction, the number of direct file offenses (IC 31-30-1-4) as part of the development of a three-tier system.

***Background:***

The three-tier system is a blended sentencing alternative that empowers the juvenile court to impose adult criminal sanctions on certain categories of serious juvenile offenders. In these circumstances, the juvenile court would order a juvenile disposition combined with a criminal sentence. If the juvenile does not comply with the terms of the sentence, the juvenile would be sent to the adult system. If there is compliance, the juvenile remains in the juvenile system. In the states that use blended sentencing, the manner in which to implement it varies from state to state. Some states utilize the same criteria for blended sentencing as is required for a waiver from the juvenile court to the criminal court. Other states have limited the blended sentence option to a smaller number of juveniles who are “waiver-eligible”. Some states have expanded the criteria from existing transfer and waiver laws that expand the pool of juveniles who might potentially be exposed to adult sanctions. Finally, one state that does not authorize the waiver of children under 14 to the criminal court uses blended sentencing for certain offenses that are serious or heinous and the juvenile is exposed to adult sanctions only when the juvenile reaches the age of 14. The use of blended sentencing is believed to provide greater accountability in juvenile sentencing for serious offenses, while still protecting the best interests of the child and public safety, under the authority of the juvenile court. (It should be noted that during the discussion of this recommendation, one Commission member was adamant that if a juvenile is subject to adult court sanctions in juvenile court, then the juvenile should be afforded the same due process rights, including a jury trial, as adults in the adult court system.)

***Recommended Implementation:***

- Receive additional input and discussion from major stakeholders about this recommendation, including juvenile court judges, county prosecutors, public defenders, probation officers, the Association of Indiana Counties, the Association of Juvenile Detention Center Directors and Department of Correction officials.
- Continue national research review about other states’ experiences with three-tiered systems.
- In conjunction with stakeholders, determine the impact of the recommendation on workloads, budgets and revenue streams as well as the operational impact on the Department of Correction.
- Identify a legislative sponsor to submit recommended statutory language.

**Projected Fiscal Impact:** To be determined by June 30, 2005 in conjunctions with affected stakeholders.

**Recommended Date of Implementation:** July 1, 2007.

### **Recommendation 3**

It is recommended that the juvenile court should have original jurisdiction in all misdemeanor traffic offense involving juveniles under the age of eighteen.

#### **Background:**

Current statutes provide that juvenile law does not apply to a child, at least sixteen years of age, who allegedly committed a violation of a traffic law, the violation of which is a misdemeanor, unless the violation is an offense under IC 9-30-5 (i.e., driving while intoxicated and others). Similarly, the juvenile court does not have jurisdiction if a child violated an ordinance, or an infraction except as provided in IC 7.1-5-7 (i.e., alcohol related offenses; possession, consumption and false identification and others). Proponents of the recommendation identify three reasons to support the position that the juvenile court should have jurisdiction in these matters: 1) by including these offenses in the jurisdiction of the juvenile court it would allow the court to be knowledgeable about all offenses committed by a juvenile thereby providing a more comprehensive approach to juvenile delinquency intervention, 2) there would be a reduction in the incidence of juveniles placed in adult jails and lock-ups in which contact with adult offenders occurs, and 3) the juvenile court would consider the offenses more seriously and therefore hold the juvenile more accountable for their actions while increasing the probability that a juvenile would receive more specific services and treatment when appropriate.

#### **Recommended Implementation:**

- Discuss the impact of this recommendation on the shift on workloads, budgets and revenue with the Association of Indiana Counties, the Indiana Judicial Center, the Juvenile Court Judges and the Criminal Justice Institute.
- Identify a legislative sponsor to submit the recommended statutory language.
- Modify the following Indiana Code citations: 1) Strike subsection 1 of IC 31-30-1-2; 2) Eliminate IC 31-30-1-8 and 3) Strike subsection (b) of IC 33-33-45-6.

**Projected Fiscal Impact:** To be determined by June 30, 2005 in conjunction with affected stakeholders.

***Recommended Date of Implementation:*** July 1, 2006.

## **Recommendation 4**

It is recommended that legislation be drafted that shall provide procedures for the determination of competence to stand trial (when competency issues are raised) including the possible dispositional alternatives of juveniles found to be incompetent. Such legislation should be informed by the work and recommendations of the Juvenile Individual Competency to Stand Trial Program managed by the Family and Social Services Administration, the "Children, Mental Health and the Law" Summit of the Indiana State Bar Association and models that have been successfully implemented in other states (e.g. Virginia, California, and Texas.)

### ***Background:***

In May 2004 the Indiana Supreme Court decided *In the Matter of K.B., D.G., D.C.B. and J.J.S.* In this decision the Supreme Court determined that a juvenile does have the constitutional right to have competency determined prior to being subjected to a delinquency proceeding but that the use of the adult competency statute, even in the absence of specific juvenile code authority and direction was not the appropriate vehicle for making this determination. Some research data indicates that many juveniles in some age groups are not competent to stand trial. This fact should encourage Indiana to develop an ideal juvenile competency model to protect the best interest of children and promote public safety. This model would provide clear direction for juvenile court judges to make competency determinations and provides the court with another tool to address the behaviors of juveniles alleged to have committed a delinquent act in a more proactive manner.

### ***Recommended Implementation:***

- Continue thoughtful study and substantial planning to implement both the incompetency guidelines and the subsequent system-delivery model to meet the treatment needs identified through the incompetency process, particularly for those juveniles found to be unrestorable.
- Include the Indiana State Bar Association's findings from the "Summit on Children, Mental Health and the Law" (Incompetency to Stand Trial tract) into any proposed statutory modifications.
- Continue dialogue with the national Alliance for Mental Illness (NAMI), the Mental Health Association and other stakeholders such as ARC of Indiana, and representatives of the Court Appointed Special Advocate and Guardian Ad Litem programs.

- Continue collaboration with the work of the Juvenile Individual Competency to Stand Trial Program at the Family and Social Services Administration and the Juvenile Court Judges to ensure that the guidelines, eventual legislation, and a service delivery system amenable to both the judicial and mental health systems can be developed.
- Draft guidelines that can be incorporated into the the Indiana Judicial Conference's Judicial Benchbook to be completed by May 2005.
- Use the draft guidelines as the model for the development of recommended statutory language.
- Identify a legislative sponsor to submit the recommended statutory language.

**Projected Fiscal Impact:** To be determined by June 30, 2005 in conjunction with affected stakeholders.

**Recommended Date of Implementation:** July 1, 2006

## **Recommendation 5**

It recommended that Indiana Code I.C. 35-50-2-2.1 (Juvenile Record Suspension Statute) be repealed. This provision addresses the current statutory authority for a Court to consider a juvenile adjudication in an adult criminal sentencing proceeding, thereby sometimes requiring a mandatory prison sentence.

*(Note: The repeal of this authority would not deny a Court's ability to consider a juvenile adjudication. It would however, provide the Court with the flexibility and discretion to determine whether the juvenile adjudication warrants suspending a portion or all of a sentence in such criminal adult matters).*

### **Background:**

The Indiana Criminal Code provides, among other conditions, that a Court may not suspend a sentence for a felony for a person with a juvenile record when the delinquent act would have been a Class A or B felony, two Class C or D felonies or 1 Class C and 1 Class D felony if committed by an adult and that less than three years have elapsed between the commission of these juvenile act(s) and the commission of a felony as an adult for which the person is being sentenced. A juvenile does not have the right to a jury trial in Indiana for a delinquency proceeding. A concern exists that the imposition of a mandatory criminal sentence based upon a juvenile adjudication is a grave and more than likely unknown consequence for admission of guilt in a juvenile court proceeding by a minor.

***Recommended Implementation:***

- Determine the current impact of the statute on commitments to the Department of Correction.
- Determine the capacity of communities to address these offenders in the community with appropriate services and supervision.
- Identify a legislative sponsor to submit the recommended statutory language.

***Projected Fiscal Impact:*** To be determined by June 30, 2005 in conjunction with affected stakeholders.

***Recommended Date of Implementation:*** July 1, 2006

**Recommendation 6**

It is recommended that the laws regarding determinate sentencing be eliminated from the Indiana Juvenile Code.

***Background:***

IC 31-37-19-9 and IC 31-37-19-10 establish the factors that allow a court to confine a juvenile in the Department of Correction for a determinate period of time. 210 IAC 5-1-2 provides, "Requirements for discharge from commitment shall be as follows: (1) determinate sentence juveniles shall be discharged by the administrative review committee in accordance with the commitment order." 210 IAC 5-1-3 however sets forth the procedures for juveniles that are not in the Department of Correction based on determinate sentencing to either be released to community supervision or discharged. The administrative review committee reviews the recommendations of the juvenile's treatment team regarding the juvenile's progress in treatment and the committee's interviews the juvenile when determining release to the community supervision or discharge from the department. Generally, juveniles committed to the department must complete their individual treatment program prior to release. That means that the length of stay in the department is dependent upon a juvenile's progress in the treatment program. This obviously is not accurate for determinate sentence commitments in which the incentive no longer exists to achieve the goals of the treatment program, because of a known mandatory release date. This process also increases the possibility that a juvenile in need of specific services may be released based upon a mandatory release date, not completion of treatment, thereby increasing the potential for harm to the public.

***Recommended Implementation:***

- Identify the number of determinate sentence commitments.
- Identify the average length of time served for the determinate sentence compared to the average length of time served for other commitments.
- Identify the fiscal impact of the cost of commitment (i.e., the ½ per diem cost) from the county general fund.
- Identify a legislative sponsor to submit the recommended statutory language.

***Projected Fiscal Impact:*** To be determined by June 30, 2005 in conjunction with affected stakeholders.

***Recommended Date of Implementation:*** July 1, 2006.

## **Recommendation 7**

It is recommended that Indiana Code be amended so that the court may not order consecutive periods of confinement in a juvenile detention facility during a single disposition or for related offenses.

***Background:***

IC 31-37-19-6 limits the amount of time a juvenile can be confined to a juvenile detention center. For a child less than 17 years of age, the confinement must be the lesser of 90 days or the maximum term of imprisonment that could be imposed on an adult for the same act. For a child at least 17 years of age, the confinement must be the lesser of 120 days or the maximum term of imprisonment that could be imposed on an adult for the same act. Indiana law currently is unclear as to whether a juvenile can be confined in a juvenile detention center based upon a consecutive sentencing scheme. A significant and substantial difference between criminal code or adult sentencing and the juvenile code is the fact that an adult can be convicted of numerous crimes arising from the same incident, while a juvenile can be adjudicated only as a delinquent child, rather than for specific acts.

***Recommended Implementation:***

- Identify a legislative sponsor to submit the recommended statutory language.

***Projected Fiscal Impact:*** To be determined by June 30, 2005 in conjunction with affected stakeholders.

***Recommended Date of Implementation:*** July 1, 2006

**CORNERSTONE 2: EFFICIENT SCREENING/ASSESSMENT AND CROSS-SYSTEM  
COORDINATION WILL REDUCE THE ADMINISTRATIVE COSTS OF SERVICES TO FAMILIES**

## **Recommendation 8**

It is recommended that in the future, any development of, substantial modifications, or improvements to information systems that relate to the delivery of services to children and families be presented to a state-level coordinating body.

### ***Background:***

Numerous discrete state entities provide services to the same families and children at any given time. These agencies include the Family and Social Services Administration through its Division of Family and Children, Division of Disability, Aging and Rehabilitative Services and the Division of Mental Health and Addictions; the Department of Education; the Department of Correction; the Department of Health as well as juvenile probation departments under the general oversight of the Indiana Judicial Conference. For over a decade, “public bodies, professional organizations, and business groups have been calling for greater interagency coordination to achieve a more comprehensive approach to providing services for children and families at risk.” The Office of Juvenile Justice and Delinquency Prevention *Juvenile Accountability Incentive Block Grants Program Bulletin*, by Julie Slayton, March 2000, p.1 states “Central to interagency coordination efforts are the establishment of interagency information-sharing networks or programs. More specifically, collaboration and information sharing may provide for multidisciplinary, multi-agency approaches to comprehensively address problems posed by juveniles who are at risk of or have already committed serious delinquent or criminal acts. Information-sharing programs also present a way to further partnerships between agencies that are currently engaged with each other to serve these same juveniles, their siblings, or their families.”

It is important to note, however, that while an information-sharing program may (and probably would) ultimately result in more cost-effective use of technology and less duplication of effort across agencies and service-providers, the recommendation should be guided by the fundamental principle of best interests of the children served by the State.

### ***Recommended Implementation:***

Indiana Code Sections 4-23-16-1 through 12 enable and govern the State Information Technology Oversight Commission (ITOC). ITOC appears to be the

appropriate entity to manage a subcommittee regarding information sharing between the State's child serving agencies. ITOC has a Technology Leadership Council that meets once every two months; its members are comprised of representatives from 17 committees, one of which addresses "Human Services" and one of which is entitled "Public Safety and Justice." Members from these two committees may be able to join with other appropriate representatives (see below) to form a subcommittee to continue their current work guided by the Juvenile Law Commission's recommendations.

The subcommittee would recommend the following four high-level goals for such an ITOC Information Management Sub-Committee to pursue:

- To prevent the implementation of system changes or upgrades which might impede information sharing between and among the various service providers without each participant's reporting on the proposed change or upgrade and receiving approval from the oversight body;
- To develop standard processes for handling data and workflow including standard common definitions, assessment tools; elimination of duplication of data entry at each step a child and family progresses through a child serving system;
- To ensure and safeguard confidentiality of sensitive information while at the same time promoting the sharing of non-confidential information among service providers, parents and schools; and,
- To provide a policy-making body to make decisions from which practices can flow so that the policies guide practices rather than vice-versa.

***Projected Fiscal Impact:*** To be determined by June 30, 2005 in conjunction with affected stakeholders.

***Recommended Date of Implementation:*** June 30, 2005

## **Recommendation 9**

It is recommended that an affirmative statutory statement be enacted that promotes effective and appropriate information sharing among and between eligible system professionals and the families with whom they work so as to serve the best interests of children.

**Background:**

This recommendation requires the establishment of a common affirmative statement in each of the sections of the statutes that govern the management of services for each child and family serving system. Specifically, these affirmative statements should be included in the following code sections:

IC 11-8	IC 21-3
IC 12-11	IC 31-34
IC 12-13	IC 31-37
IC 12-21	

A statement can be based upon a variation of the Missouri statute that states:

*“All courts holding juvenile jurisdiction and the agencies addressing child protective services, juvenile justice, mental health, health, elementary and secondary education and developmental disabilities shall share information regarding individual children who have come in contact with, or have been provided services by, the courts and such agencies. The state courts administrator and the agencies of child protective services, juvenile justice, mental health, health, elementary and secondary education and developmental disabilities shall coordinate their information sharing systems to allow for sharing of information regarding and tracking of individual children by the courts holding juvenile jurisdiction and the agencies addressing child protective services, juvenile justice, mental health, health, elementary and secondary education, developmental disabilities and school districts. All information received by the court, any agency or any school district pursuant to this section shall remain subject to the same confidentiality requirements as are imposed on the agency that originally collected the information. All actions described in this section shall be based upon meeting the safety, health and best interests of the child”*

**Recommended Implementation:**

The following implementation steps must occur in order to achieve the intent of this recommendation:

- Identification and modification of all applicable state administrative rules and state plans that require changes to meet the intent of the statutes;
- Development of appropriate agency policies and procedures that implement, promote and attain the intent of the statutes and administrative codes;

- Development of a common curriculum that provides cross- agency and cross-system training to all professional involved in service delivery to children and their families;
- Establishment of a common forum to discuss implementation issues and situations that arise form the enactment of these statutes;
- Development and implementation of a monitoring, evaluation and quality assurance process to ensure the privacy of children and families is safeguarded; and,
- Identify a legislative sponsor to submit the recommended statutory language.

***Projected Fiscal Impact:*** To be determined by June 30, 2005 in conjunction with affected stakeholders.

***Recommended Date of Implementation:*** July 1, 2006

## **Recommendation 10**

It is recommended that a standing Information Sharing Practices and Outcomes Panel be established to address the issue of sharing best practices and outcomes data information in order to inform and improve the delivery of services to children and families at both the state and local level.

### ***Background:***

Many professionals who serve children and their families have individual knowledge about services and programs that are evidenced-based and represent promising and best practices in service delivery to children. Unfortunately, practitioners throughout the state often do not know about these services and programs. The establishment of an Information Sharing Practices and Outcome Panel would provide a consistent forum to discuss and distribute “promising and best practice” information. There are currently no statutes that would prevent this recommendation and none that would have to be enacted. The addition of a statute that would specifically address this recommendation however might add a certain sense of legitimacy to any determination of a best practice. A statute addressing this recommendation could be modeled after Indiana’s current drug court certification process.

### ***Recommended Implementation:***

- Establishment of the legitimacy of the Panel.
- Determination of eligibility for membership for the Panel.
- Selection of the members of the Panel.
- Identification of the criteria for selecting best practices.

- Determination as to how the information will be made available.
- Establishment of the duties and responsibilities of the Panel to act as a clearinghouse or repository for the information and data.

**Projected Fiscal Impact:** To be determined by June 30, 2005 in conjunction with affected stakeholders.

**Recommended Date of Implementation:** July 1, 2006

## **Recommendation 11**

There should be a standard process that is followed to identify, screen, assess and link necessary services with children and families. While it is universally recognized that children entering the juvenile justice and the child welfare systems should be screened, it is additionally recommended that other children under appropriate circumstances and with parental consent receive well being screenings as part of the routine examination/screenings that occur in the health care and/or education systems. Information obtained in this process should be shared with appropriate parties involved with the child and family. The selected screening and assessment instruments must be recognized as a legitimate and acceptable tool that will be accepted by the various systems that serve children.

### **Background:**

Appropriate assessment is a key to effective service coordination and linkage of a child and/or family to the service coordination plan. Often however, a child involved in more than one child serving system is assessed and re-assessed, often resulting in the development of more than one service coordination plan. Sometimes the service coordination plans are contradictory and confuse both the child and the caregivers. Establishing a standard process for identification, screening, assessment and service linkage serves both the best interests of children as well as the taxpayer. Assessment can provide significant information that can be used to better serve children. The assessment process however must be developed so that all child serving systems recognize the legitimacy of the assessment instrument and continue to supplement existing information during the process, rather than re-assessing each child as the child enters a different system.

### **Recommended Implementation:**

- Identification of an interagency forum or ad hoc committee that will be charged with the implementation of this recommendation.

- Establishment of the criteria or standards that are to be used in the selection of a screening instrument and an assessment instrument.
- Selection of a screening instrument(s) and an assessment instrument(s) that address the desired domains and meet the designated criteria.
- Determination of the manner, the format and the timeframe in which the results of the assessment information is conveyed to the referring agency for service referral, linkage and follow-up.
- Determination of the common format for the service coordination plan across all systems.
- Establishment of common expectations as to the manner in which parents will guide the development and implementation of a service coordination plan.
- Development of appropriate agency administrative rules, state plan amendments and agency policies that require local implementation and compliance with each appropriate component of this recommendation.
- Development of inter-agency cross training.
- Establishment of a monitoring process for planning and budget purposes.
- Development of a process for inter-agency monitoring and process improvement, including action plans and timeframes to overcome system deficiencies or lack of local services.
- Development of standards and expectations for the completion of the assessment report that are identified clearly and formalized in written policy and/or contracts as well as monitored to ensure compliance by the service providers completing the assessment.

***Projected Fiscal Impact:*** To be determined by June 30, 2005 in conjunction with affected stakeholders.

***Recommended Date of Implementation:*** July 1, 2006.

### **CORNERSTONE 3: BEGIN WITH THE “BEST INTEREST OF CHILDREN” AND LET THE FISCAL POLICY FOLLOW**

## **Recommendation 12**

It is recommended that Indiana develop objective criteria to aid in the determination of whether to detain juveniles in secure detention.

***Background:***

According to a recent project of the Annie E. Casey Foundation concerning reform of juvenile detention (Pathways to Juvenile Detention Reform), there are two reasons for detention of a juvenile: 1) to prevent the juvenile from committing another crime prior to the disposition of any pending case, and 2) to ensure that the juvenile who is at risk of not appearing in court, will in fact, be in court at the appointed time and day. Information compiled by the Office of Juvenile Justice and Delinquency Prevention indicates that during the period of 1989 through 1998, the growth in the volume of cases in the juvenile justice system involving detention increased by 25%. IC 31-37-6-9 does not allow the release of a juvenile on bail. The decision to detain a juvenile in a juvenile detention center is a three-tiered system. The initial determination is made by a law enforcement officer based upon the broad criteria contained in IC 31-37-5-3. That same statute provides the basis for review by a probation or intake officer during the development of a preliminary inquiry. The criteria include the likelihood that the child will appear for subsequent court proceedings, the protection of the child and/or the community, the inability to locate a parent or guardian, the willingness of the parent to assume custody of the child, the health, safety, best interests and welfare of the child and the child's basis for requesting to remain in custody. The third tier of decision-making is a judicial determination that must be made within 48 hours of detention based upon similar broad criteria in IC 31-37-6-6. Currently, there is no statutory guidance to make an objective determination as to whether a child will appear for subsequent court hearings or whether the child will re-offend. The establishment of objective criteria will help to ensure that a juvenile is not detained needlessly. Similarly, IC 31-37-6-6 states that a court does not have to issue findings if the child is, among others, released and placed on home detention or electronic monitoring. Because home detention is a form of liberty restriction, it should in fact be supported by findings based upon objective criteria relative to the stated purposes of pre-adjudication detention.

***Recommended Implementation:***

- Establishment of a workgroup of key juvenile justice stakeholders (e.g. judges, prosecutors, public defenders, probation officers and detention directors) led by the Indiana Judicial Center, under the guidance of the Indiana Supreme Court, to begin the development of an objective detention decision-making instrument.
- Inclusion of findings from the results of the State's participation in the Annie E. Casey Detention Alternatives Project.
- Establishment of a detention criteria instrument ready for piloting by January 1, 2006.

- Identify a legislative sponsor to submit the recommended statutory language.

**Projected Fiscal Impact:** To be determined by June 30, 2005 in conjunction with affected stakeholders.

**Recommended Date of Implementation:** July 1, 2006

## **Recommendation 13**

The Indiana Code should be reviewed and, if necessary, revised to ensure that it is not in violation of the Juvenile Justice and Delinquency Prevention Act of 2002.

### **Background:**

Past and current Juvenile Justice and Delinquency Act (the Act) regulations prohibit the detention of juveniles under adult court jurisdiction for offenses that would be a misdemeanor if committed by an adult. The rationale for this regulation is the belief that only juveniles who have committed serious offenses should be under adult criminal court jurisdiction and eligible to be held in secure facilities in contact with adults. Compliance with this condition of the Act would require modification to IC 31-30-1-4 that addresses “direct file” offenses. The listed offenses include handgun offenses. IC 35-47-2-1 addresses carrying a handgun without a license and would be a Class A misdemeanor. This is in conflict with the Act previously identified. Similarly, there are other inconsistencies with the Act in Indiana Code that include the:

- Definition of an adult “lock-up” facility and the manner in which “sight and sound” separation and staff training are provided;
- Use of shelter care facilities versus the use of “secure” facilities for status offenders;
- Requirements such as the need to interview a child within 24 hours of detention to determine the cause of the delinquent behavior and the needs of the child, as well as a court hearing within 48 hours and a violation/disposition hearing within 7 days;
- Modification of the Indiana Code to extend Valid Court Order detention of repeat “status” offenders and the use of commitment to the Department of Correction for these offenders only as last resort due to chronic and repeat non-compliant behavior with orders of the court.
- State will monitor legal detention of juveniles by requiring compliance and monitoring data to be submitted by counties to the Indiana Criminal Justice Institute for reporting to the federal government.

***Recommended Implementation:***

- Reintroduce SB 0354 from the 2004 Indiana General Assembly session to include the information above in the 2005 legislative session.

***Projected Fiscal Impact:*** Review and update the fiscal impact of the bill introduced in the 2004 General Assembly on this topic, with the modifications and additional information as presented above.

***Recommended Date of Implementation:*** July 1, 2005

## **Recommendation 14**

It is recommended that Indiana maintain the current statutory requirements for a change of judge for delinquency proceedings (based on quasi-criminal law that require “for cause”) and Child in Need of Services, paternity, and termination of parental rights proceedings (based on civil law that require “no cause”).

***Background:***

Recent decisions by Indiana appellate courts including the Indiana Supreme Court have distinguished between delinquency proceedings and other child protection/welfare type proceedings as to the manner and standards for which a request for a change of judge is to be granted. While these recent court decisions have clarified the issue for all practical purposes, there is a belief by the members of the Juvenile Law Commission that a clear distinction should continue to be made, so as to protect the rights of children and families appearing before judges in multiple Child in Need of Services and termination of parental rights proceedings. Opponents of the current practice believe that rural areas of the state have a more difficult time to obtain an appropriate change of judge in a timely fashion, due to the limited number of judges with judiciary experience or jurisdiction. This practice also is in conflict with the “best interests of the child” philosophy as well as the concept of the Family Court model, of one family, one judge.

***Projected Fiscal Impact:*** There is no fiscal impact associated with this recommendation.

***Recommended Date of Implementation:*** July 1, 2005

## **Recommendation 15**

It is recommended that a new statute be added to the Indiana Code (31-34 and 31-37) that would ensure that dispositional hearings in both CHINS and delinquency cases take place no later than 30 days after the adjudication, unless waived by counsel or family. It is further recommended that a similar provision be added to the juvenile code that would establish the same time limit for modification of dispositions for both CHINS and delinquency proceedings.

It is recommended that a new statute be added to the Indiana Code (31-34 and 31-37) that would ensure that the initial hearing take place not later than 10 days from the time the child is taken into custody and no later than 30 days from the filing of the petition if the child is not taken into custody.

It is recommended that a new statute be added to the Indiana Code (31-34) to mirror the current delinquency code (31-37-11-2) which requires that if a child is in custody and a petition alleging delinquency has been filed, a fact-finding hearing must occur no later than 20 days after the petition is filed excluding Saturdays, Sundays, and legal holidays and that if not in custody the fact-finding hearing must occur no later than 60 days after the petition is filed, excluding Saturdays, Sundays, and legal holidays. It is further recommended that a similar provision be adopted to mandate the same time limits for modification proceedings as well for both CHINS and delinquency.

### ***Background:***

Indiana law sets many time limits for various proceedings in delinquency and Children in Need of Services proceedings. Indiana law however does not address time limits for dispositional hearings in delinquency proceedings or the filing of a Child in Need of Services petition, fact-finding hearing and dispositional hearing in the Child in Need of Services proceedings. It is felt that there should be a parallel between delinquency and Child in Need of Services proceedings.

### ***Recommended Implementation:***

- Survey key stakeholders to be affected by the changes including the juvenile court judges, probation officers, local attorneys for the County Offices of Family and Children.
- Conduct an analysis of current budgetary and caseload/workforce to determine: 1) How many jurisdictions are already staying within the prescribed time limits on an informal basis, thus indicating negligible fiscal impact; and 2) How many jurisdictions are not meeting these time limits, why and what changes would need to be made to meet these time

limits, be conducted collaboratively by the Indiana Judicial Center and the Family and Social Services Administration.

- Distribute the results of this survey and analysis to legislators.
- Identify a legislative sponsor to submit the recommended statutory language.

***Projected Fiscal Impact:*** To be determined by June 30, 2005 in conjunction with affected stakeholders.

***Recommended Date of Implementation:*** July 1, 2006

## **Recommendation 16**

It is recommended that H.B. 1228 be passed in its entirety. It is further recommended that schools use a graduated sanctions disciplinary program that allows administrators to discipline students on a case-by-case basis.

It is also recommended that the additional Average Daily Membership (ADM) to be conducted starting in April 2005 based on legislative changes to IC 21-3-6-1.1 also be connected to the level of school funding starting with the 2005-2006 school year.

### ***Background:***

Indiana currently is ranked first in the nation in school expulsions. Additionally, Indiana also is ranked ninth in out-of-school suspensions. Current Indiana law provides only limited rights to students and the parents. Both the student and the parents have a right to receive notice of the right to appear at an expulsion hearing. Due process protections from the suspension/expulsion process were enacted in the mid-1990s and were unprecedented among states at that time. The notice contains the reasons for the expulsion and the procedures for requesting an expulsion meeting. If there is an expulsion meeting, the student does not have the right to an attorney in the meeting and the person conducting the meeting must make a written summary of the evidence heard at the meeting, take appropriate action and give notice of the action to the student and the parent. Within 10 days of receipt of the notice of action, the student or the parent may make a written appeal to the governing body. The governing body then is to hold a meeting to consider the written summary of the evidence and the arguments of the principal and the student or the parent. However, the governing body may vote not to hear an appeal in which case the student or parent may appeal only to the circuit or superior court.

In the 2004 Indiana General Assembly, HB 1228 was introduced but defeated. HB 1228 expanded rights for students and parents in expulsion meetings. These expanded rights include: 1) inclusion in the notice to the parents of the expulsion meeting a summary of the evidence that will be presented against the student at the expulsion meeting, 2) inclusion in the notice the penalty requested by the principal, 3) a statement in the notice informing the parent that the parent can examine the student's academic and disciplinary records, and any affidavits to be used at the meeting and 4) the parent has the right to know the witnesses that will appear to testify against the student.

HB 1228 also revised the procedures for an expulsion meeting. The bill expanded the attendees of the meeting to include the student's representative who may be an attorney. It also addressed issues relating to witness testimony and cross-examination. Additionally, the bill states that the rules of evidence or any other courtroom procedures do not apply to the meeting. The bill allowed that the school corporation could have legal counsel present at the meeting to advise the principal or the person conducting the meeting. However, if legal counsel advises the person conducting the meeting, legal counsel may not act as the principal's counsel.

The bill also expanded the scope of judicial review by stating the parent or the student could appeal to the circuit or superior court if the governing body acted without following the procedures, arbitrarily or capriciously, without substantial evidence or unlawfully.

***Recommended Implementation:***

- Review and update the fiscal impact and the introduced version of HB 1228.
- Determine through information maintained by the Center for Evaluation and Education Policy any trends that may be beneficial to understand prior to re-submission of the updated bill from 2004.
- Identify a legislative sponsor to submit the recommended statutory language.
- Reintroduce HB 1228 and the changes to IC 21-3-6-1.1 noted above

***Projected Fiscal Impact:*** The fiscal impact of HB 1228 from the 2004 Indiana General Assembly should be reviewed and updated in conjunction with appropriate stakeholders and be completed by June 30, 2005.

***Recommended Implementation Date:*** July 1, 2006

## **Recommendation 17**

It is recommended that the State begin implementation of Phase One of the Strategy & Process for Funding Children's Services.

The recommendation is based on three phases for the implementation of a new strategy and process for funding children's services. These phases are:

- An *Information, Policy Development and Planning Phase* during which an understanding of the current status of spending will be developed as well as the establishment of a baseline upon which to measure progress. During this phase, State leaders will develop statewide policies and priorities to achieve well being outcomes for Hoosier children;
- A *Public Policy and Fiscal Incentive Development Phase* during which executive and legislative leaders should determine which fiscal incentives should be developed to support the public policies identified in Phase One that focus on preventive services and well being outcomes for children. These incentives should provide the basis for subsequent re-alignment of existing funding; and,
- A *Funding Realignment Phase* in which information obtained from the two prior phases should be used to determine whether even more dramatic and systemic changes might be warranted for statewide funding of children's services.

It is anticipated that these three phases establish a long-range plan that could easily involve a three to five year period of time.

### **Background:**

Research conducted by the Governor's Juvenile Law Commission indicates that there was approximately \$1.5 billion expended on children's services in 2002. Subsequent research of the statutes, administrative codes and policies that govern the use of these funds indicate that the authority to pay for children's services is not centralized and that the authority actually is spread over the executive, judicial and even legislative branches of government at the federal, state and local level. Additionally, there are inherent disincentives to manage funds efficiently because federal reimbursements often pay for more costly, institutionally based services rather than home and community based services. Understanding the complexities of the current funding schemes and the eligibility guidelines for their use as well as the array of services that can be paid for from the funds lead the reasonable person to deduce that a stronger

public policy on children that emphasizes prevention, early intervention and community and home based services provide better outcomes for children and better protection for the public at a reduced cost. The Integrative Funding Subcommittee of the Commission therefore established a long term strategy to shift children's services policy to more effective use of taxpayers dollars, but more importantly so as to serve children better and provide the opportunity for them to achieve good well being outcomes.

*Overview of Phase One: Information, Policy Development and Planning Phase*

The financial management of services for children should be served well, if more basic expenditure and utilization data collection, integrated policy development and more comprehensive cross-system planning of all services for children could be implemented. A means to accomplish this should be an on going aggregated reporting of all expenditures and service utilization presented by funding source and by county. While the state biennial budget process serves as the mechanism to request State General Fund dollars, the initiation for the budget process for local funds should remain with the county early intervention plan. Obviously, there must be a mechanism at the State level to share financial information between the two budget processes so the budget processes can complement each other and focus on a consistent statewide policy and priorities for children.

The early intervention plan process should begin with a clear policy statement from state policymakers as to the statewide policy and priorities for Hoosier children. This statement should be complemented by an alignment of core values that support the policy, as well as the establishment of measurable objectives on a county-by-county basis that will be used to determine progress toward the policy and priorities. The policy should be based on a clear identification of consistent and statewide well being outcomes for children as well as a statement about the importance of prevention services and an identification of a continuum of services that best address these outcomes.

Once trend information is obtained, the policy also should form the basis for Phase Two, in which there will be a re-shaping and re-alignment of current funding with goals that support prevention services, or when necessary, early intervention services if prevention services do not achieve well being outcomes for children. The statewide policy should recognize that a full array of services necessary to meet the needs of children and their families and that out-of-home placements should be used only as necessary to meet the best interests, safety health and special needs of a child. This policy direction should be forwarded to each county in September of each year as the overall instruction upon which to develop the county early intervention plan. The communication about the early intervention plan also should include information from the State policy makers about:

- An explanation of the statutory requirement to develop the plan;
- The specific funding sources and services that are to be included in the plan development;
- The use of the plan as the basis for development of the county family and children's fund budget;
- A clear identification of the target population of children to be served by the early intervention plan;
- A clear policy statement from the appropriate state agency heads that information sharing among local agencies involved in a child's service coordination plan will be implemented in a manner as to safeguard identifying and confidential information;
- The identification of measurable objectives that will monitor progress made on the plan;
- The plan review process;
- The manner in which the early intervention plan process will relate to the state budget process;
- The offer of technical assistance from the State;
- The requirement for the establishment of a continuum of services that each county is expected to have available to children;
- The reference to the minimum standards that must be attained for each component of the continuum of services;
- An assessment of the community capacity to provide the needed services; and,
- The availability and integration of a statewide financial information system that will monitor, by the use of a unique "child identifier," cross-agency service expenditures and service utilization, from each of the major funds that pay for services for children and their families.

For the purpose of this process, a Children's Services Policy Forum should be established that includes the following representatives:

- Governor;
- Superintendent of Public Instruction;
- Speaker of the House;
- President Pro Tempore; and,
- Chief Justice of the Indiana Supreme Court

The Children's Services Policy Forum should be empowered to establish rules for conducting its business and establish whatever mechanisms needed to advance the interest of child well being and interests.

In addition to the current membership structure of the early intervention planning team, the following local representatives should be added:

- County Health Department representative (which may include county extension staff);
- Community Action Agency;
- Detention Center or Juvenile Justice Center (when applicable);
- Township trustee; and,
- CASA, GAL or other child advocacy representative.

The content of the county early intervention plan is to address the following issues:

- The manner in which funds will be used to promote improved services to children and families while decreasing administrative costs;
- An overall commitment of the early intervention team to meet the state policy objectives presented in the policy letter;
- How a common screening and an assessment process shall be implemented and maintained to improve the process to provide prevention and early intervention services to children and families;
- The manner in which child and family information will be shared and safeguarded;
- The manner in which measurable objectives will be gathered;
- That the early intervention team shall serve as the authoritative local forum for children's services development and dispute resolution in the county;
- The identification of state agency state plans, administrative rules, state statutes or agency policies that should be evaluated to promote better coordination and cooperation of services and to minimize overly-restrictive practices;
- How new funding opportunities will be sought to support and compliment the early intervention plan and the collaborative process for local review and approval of the new funding request; and,
- The manner in which public education and information will be managed to bring about a public will and support for the statewide policies and priorities for children.

The early intervention plan also should include (beyond the current statutory requirements) inclusion of the funds from the following sources to promote efficiency and effectiveness:

- Kids First grants;

- County General Funds that pay for secure detention and/or alternatives to detention, and commitment costs to the Department of Correction for children;
- Community Action funds targeting children;
- Mental health funds;
- Township trustee funds focusing on child well being;
- Healthy Families;
- JABG funds and other Criminal Justice Institute funding;
- Parental reimbursements;
- The Children's Psychiatric Residential Treatment Fund; and,
- Child Welfare Services account funds.

The submission dates for the Early Intervention Plan should be moved forward to thirty days (30) days earlier to accommodate the new process.

The incentive to develop a meaningful early intervention plan should be based upon a clear understanding that any expansion of the base to any current state funding or any new funding opportunities for children's services from any state agency will be based upon compliance with and adherence to the early intervention planning process and plan.

During Phase One, the State would be responsible to develop, or if possible, use existing information systems to track expenditures and service utilization on a child and/or family basis. The development of a "child identifier" common to all systems would provide the type of expenditure information that could assist in inter-agency policy development, planning and appropriate sharing of service costs by child. The information would be used to identify expenditure trends, fund utilization, service utilization and potential areas of efficiency (e.g., use of funds for leveraging of federal monies, amount of federal reimbursements and decrease in service delivery costs).

After refining service definitions and developing a common language for all information systems that serve children, a decision should be made about the development of a central reimbursement office. That activity would establish a payer hierarchy that identifies the most favorable fund in which to pay specific services in order to maximize federal reimbursements.

***Recommended Implementation:***

- Establish a priority for the information technology groups working on automated information systems that serve children to develop cross-system information sharing and protocols for that information sharing.
- Establish an ad hoc forum of public leaders including the Governor, the Legislative leadership, the Supreme Court and the Superintendent of

Public Instruction to establish priorities for the County Early Intervention Plans and establish measurable outcomes for children.

- Identify a legislative sponsor to submit the recommended statutory language.
- Submit voluntary actions identified in steps 1 and 2 above as statutory changes consistent with this phase of the recommendation.

**Projected Fiscal Impact:** It is anticipated that no additional appropriations will be requested to implement phase one.

**Recommended Date of Implementation:** Phase one to be completed by June 30, 2006.

#### **CORNERSTONE 4: INCREASE PARENTAL ACCOUNTABILITY AND SYSTEMS SUPPORT OF PARENTS TO PRODUCE POSITIVE OUTCOMES FOR CHILDREN**

### **Recommendation 18**

It is recommended that each of the child serving systems (education, child protection, juvenile justice, health, developmental disability and mental health) structure and manage information-sharing to: 1) Recognize and support the integral role played by families in identifying, developing and guiding the delivery of services; and 2) Recognize parental rights and responsibilities to protect the best interests of their child(ren).

#### **Background:**

Parents should have access to information that identifies their rights and responsibilities (e.g. *"In the Best Interests of Children: A Parent's Guide to the CHINS Process"* and a similarly written guide for parents whose children are in the delinquency system.

#### **Recommended Implementation:**

- Identify policy changes to implement a standardized approach to include parents and caregivers during cross-system planning meetings for their child.
- Review existing policies in the various child-serving systems for areas to be strengthened so as to support parental involvement as well as areas where parental responsibilities need to be more clearly identified.

- Identify and develop appropriate training materials for use in case conferencing and in the courtroom;
- Provide training to those working with parents, including parent representatives in the training.
- Assure that informational materials are available to parents on entry into any of the child-serving systems.
- Include parent education groups as a means to get information to parents in the same situation.

***Projected Fiscal Impact:*** No additional appropriations are requested to implement this recommendation.

***Recommended Date of Implementation:*** July 1, 2005

## **Recommendation 19**

It is recommended that new statutory language be added to both the CHINS and delinquency statutes which states that: "The court having juvenile court jurisdiction may order parental participation if it is found with clear and convincing evidence that the health, safety, and well-being of the child(ren) in the home requires an order of parental participation pre-adjudicatory. If a child is out of the home (in custody) the court having juvenile court jurisdiction may order pre-adjudicatory parental participation if there is found to be clear and convincing evidence that such parental participation is necessary to facilitate the safe reunification of the child(ren) with the family/guardian.

It is further recommended that additional language be added that would ensure that any violation of a pre-adjudicatory order of parental participation would not be admissible in subsequent criminal or civil proceedings.

### ***Background:***

Current Indiana law does not allow for an order of parental participation under either the delinquency or Child in Need of Services proceedings until the dispositional phase of the process. IC 31-37-19-24 and IC 31-34-20-3 indicate that when ordering parental participation as part of a disposition, the court may order the parents to obtain assistance in fulfilling their parental obligations, provide specific care, treatment or supervision, and participate in a program operated by the Department of Correction. IC 31-32-2-3 provides for the basic due process rights of parents when being placed under an order of parental participation. These same protections should be included in the implementation of this recommendation as well.

Many professionals in child serving systems believe that early intervention of service such as recommended here focuses on the best interest of children, offers basic due process rights for parents and ultimately achieves the goals of the juvenile court in a more timely and responsive manner. Involvement of the parents increases parental accountability and addresses the service needs of the parents in a manner that supports the parents, rather than blames them.

***Recommended Implementation:***

- Ensure major stakeholders are informed of this recommendation, including juvenile court judges, prosecutors, probation officers, child protection workers and various professionals in the other child serving systems.
- Identify a legislative sponsor to submit the recommended statutory language.

***Projected Fiscal Impact:*** To be determined by June 30, 2005 in conjunction with affected stakeholders.

***Recommended Date of Implementation:*** July 1, 2006

## **VIII. PROMISING PRACTICES**

**Promising Practices:**

The Chair of the Commission as well as the Commission members took note of many positive and beneficial programs and services for Indiana children. In some discussions, promising practices however could not be identified. Therefore the Chair requested that each of the subcommittee chairs identify some promising practices that could serve as a model or starting point for communities initiating collaborative and cooperative service integration. The promising practices were categorized by subcommittee and placed in a common and uniform format for inclusion in the Recommendations Report.

Appendix F is a listing of the promising practices that were identified.

## **IX. WORK PLAN AND PROPOSED TIMELINE**

**Work Plan and Proposed Timeline:**

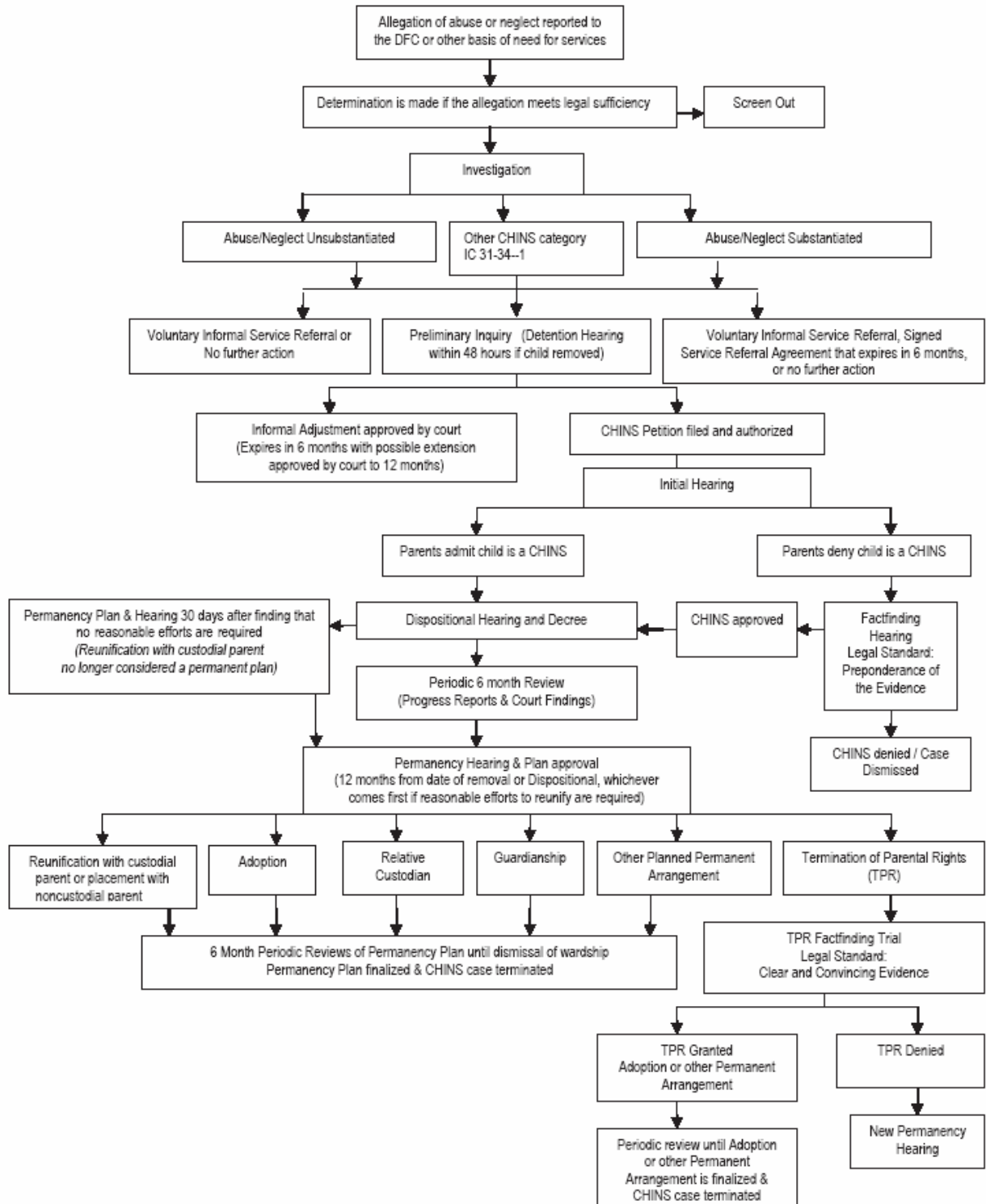
The Commission Chair and members requested that Commission staff draft a proposed work plan and timeline. The purpose of the work plan was to promote accountability and used to measure progress on the implementation of the recommendations. The Commission staff, in conjunction with the Chair, developed the following work plan and proposed timelines:

<b>Item</b>	<b>Action</b>	<b>Responsibility</b>	<b>Date</b>
1.	Discussion and approval of the recommendations; draft report distributed	Juvenile Law Commission	11-10-04
2.	Report Submitted to the Governor's Office	Juvenile Law Commission	12-10-04
3.	Statewide stakeholder review and input completed	Criminal Justice Institute	12-28-04
4.	Refinement and modification to the implementation steps and fiscal impact sections of the recommendations made	Juvenile Law Commission	12-31-04
5.	Submission of Recommendations and Report to the Governor and Governor-Elect	Juvenile Law Commission	12-31-04
6.	Request for Executive Order to initiate implementation by state agencies that do not require legislative action	Chair, Juvenile Law Commission	02-18-05
7.	Identification of legislators to sponsor legislation for the 2006 General Assembly; consensus building among stakeholders	Governor's Staff	04-29-05
8.	Development of a strategy to integrate and implement the recommendations of the Juvenile Law Commission and other Commissions that studied children	Criminal Justice Institute	04-29-05
9.	Completion of work		06-30-05

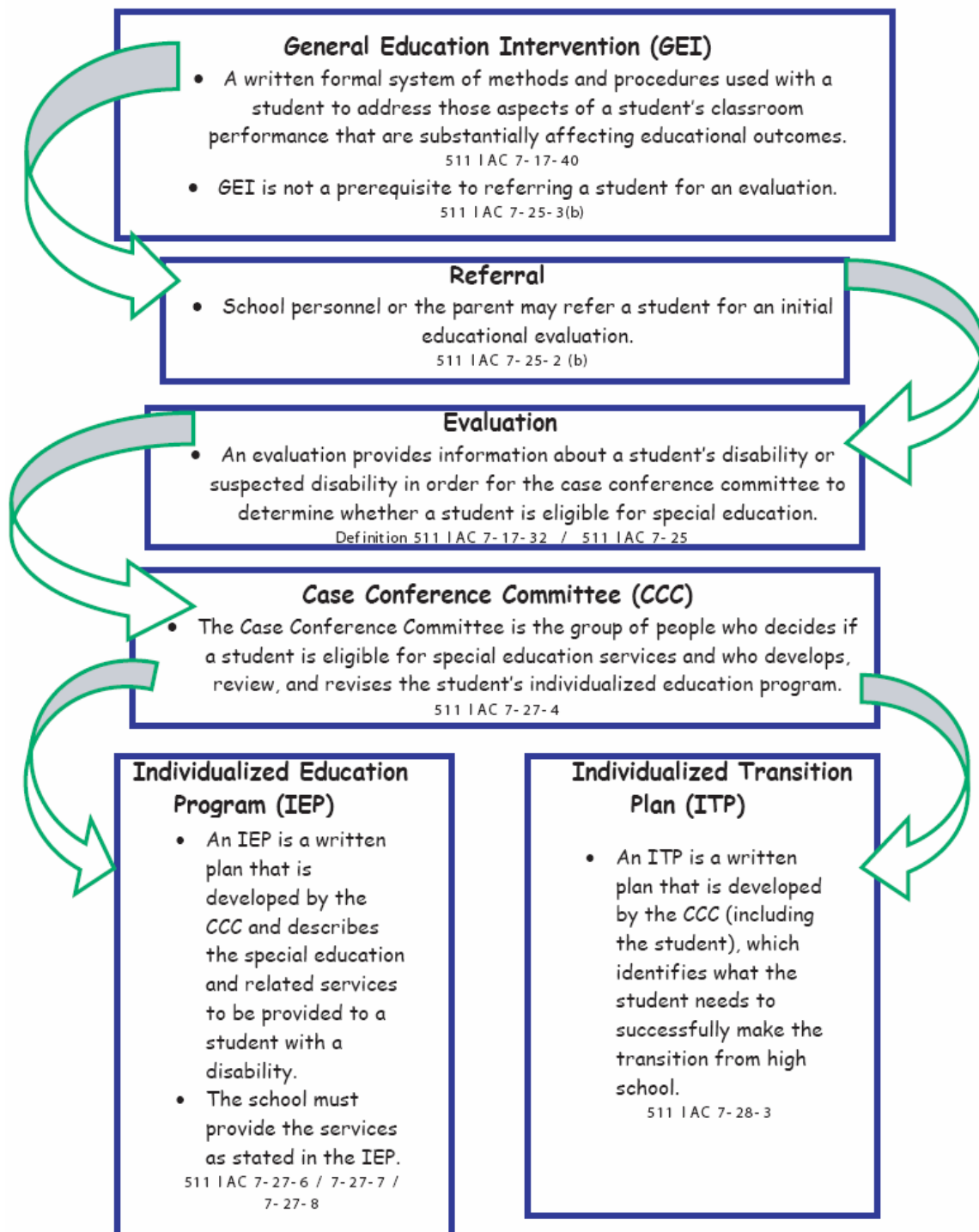
## **X. APPENDICES**

**Appendix A:**  
**Flowchart of Children in Need of Services and Delinquents**

# CHINS PROCESS



**Appendix B:**  
**Flowchart for Special Education**



**Appendix C:**  
**Children's Services Budgets for 2002**

	Budget Total 2002	Actual Total 2002	Actual Federal	Actual State	Actual Local	Actual Other
<b>I. PREVENTION AND WELL BEING SERVICES</b>						
A. Department of Correction						
1. Title I Youth Account	735,288	726,625	726,625			
2. Family Violence and Treatment	57,161	15,010	15,010			
Subtotal	792,449	741,635	741,635	-	-	-
B. Department of Education						
C. Department of Health						
1. Abstinence Education Block Grant	857,042	841,748	841,748			
2. Birth Defects Surveillance Program	100,000	-				
3. Birth Problems Registry	40,637	24,881				24,881
4. Childhood Lead Poison Prevention	256,621	249,969	249,969			
5. Maternal and Child Health Block Grant	12,476,277	11,661,936	11,661,936			
6. Maternal and Child Supplement	190,000	156,486		156,486		
7. Newborn Screening Program	1,211,737	678,401				678,401
10. Prenatal Substance Abuse Prevention (1)	352,765	352,765		352,765		
11. Project Respect	642,782	620,796		620,796		
12. Test for Drug Afflicted Babies	67,200	62,496		62,496		
13. Universal Newborn Hearing Screening	176,638	145,161	145,161			
14. Women, Infant and Children Grant	94,973,937	96,346,365	96,346,365			
15. WIC/CHIP Demonstration (1)	149,663	149,663				
16. Women, Infant and Children Supplement	190,000	120,048		120,048		
Subtotal	111,685,299	111,410,715	109,394,842	1,312,591	-	703,282
D. Family and Social Services Administration						
1. Youth Services	1,568,904	1,252,788		1,252,788		
2. Step Ahead (w. carry forward)	2,923,833	3,166,580		3,166,580		
3. Project Safe Place	125,000	129,755		129,755		
4. Children's Trust Fund (Kids First)	2,801,315	2,373,653		2,373,653		
5. Head Start	405,786	348,955	242,195	106,760		
6. Healthy Families	40,953,463	41,132,740	34,912,870	6,219,870		
Subtotal	48,778,301	48,404,471	35,155,065	13,249,406	-	-
E. Criminal Justice Institute						
1. Title II Formula Grants Program	1,435,000	1,253,101	1,253,101			
2. Community Prevention Block Grants Program	878,000	1,212,199	808,133		404,066	
3. Enforcing Under Age Drinking Laws Program	360,000	359,208	359,208			
4. Governor's Safe Haven Program	4,150,000	4,175,516	4,075,516	100,000		
Subtotal	6,823,000	7,000,024	6,495,958	100,000	404,066	-
Total Prevention and Child Well Being Services	168,079,049	167,556,845	151,787,500	14,661,997	404,066	703,282

	Budget Total 2002	Actual Total 2002	Actual Federal	Actual State	Actual Local	Actual Other
<b>II. COMMUNITY BASED SERVICES</b>						
A. Department of Correction						
1. Community Corrections; Juvenile Programs	2,295,155	2,295,155		2,295,155		
2. Youth Offenders Demonstration Program	349,993	339,303	339,303			
Subtotal	2,645,148	2,634,458	339,303	2,295,155	-	-
B. Department of Education						
1. Special Children Education (S-5)	29,000,000	29,270,482		29,270,482		
2. Transfer to State School Tuition Fund	346,679,211	317,711,887		317,711,887		
3. Special Education Preschool	25,515,600	25,423,606		25,423,606		
4. Preschool Special Education	9,000,000	8,980,641	8,980,641			
5. Handicapped Education	105,000,000	136,426,059	136,426,059			
6. Handicapped Education (State Admin)	1,991,712	5,787,089	5,787,089			
7. Educational Services for Homeless Children	533,973	533,973	533,973			
8. Migrant Education Program	5,208,120	5,208,120	5,208,120			
9.. Special Education Excise(4)	326,600	279,756	279,756			
Subtotal	523,255,216	529,621,613	157,215,638	372,405,975	-	-
C. Department of Health						
1. Children with Special Health Care Needs (1)	12,579,036	12,579,036	6,851,849	5,727,187		
2. Int. Serv. For Children w Special Needs	300,399	153,291		153,291		
Subtotal	12,879,435	12,732,327	6,851,849	5,880,478	-	-
D. Family and Social Services Administration						
1. Child Welfare Services (IV-B, Part 1)	7,192,160	5,439,221	4,004,221	1,435,000		
2. Child Welfare Services (IV-B, Part 2)	5,924,304	2,674,202	2,674,202			
3. First Steps (3)	7,830,000	7,866,344	7,866,344			
4. Child Welfare Training	1,459,492	1,409,841	1,192,371	217,470		
5. Restoring Fatherhood	1,300,000	983,794	983,794			
6. Special Needs Adoptions	4,162,764	2,304,286	1,287,676	1,016,610		
7. Non-Recurring Adoptions	1,250,000	1,198,324	599,161	599,163		
8. Early Intervention Services (3)	60,806,026	58,930,670	54,310,993	4,619,677		

	Budget Total 2002	Actual Total 2002	Actual Federal	Actual State	Actual Local	Actual Other
<b>II. COMMUNITY BASED SERVICES (con't)</b>						
D. Family and Social Services Administration (cont'd)						
9. Independent Living	2,088,263	1,438,383	1,386,552	51,831		
10. Family Violence	1,673,312	1,555,722	1,555,722			
11. Child Welfare Services	9,266,490	6,583,214	1,075	6,471,922		110,217
12. Foster Homes	37,579,584	29,547,851	9,724,433		17,884,499	1,938,919
13. Therapeutic Foster Homes	46,998,682	45,600,661	9,659,514		34,568,357	1,372,790
14. Preservation Services	42,480,974	37,451,630	2,404,301		34,475,431	571,898
15. Miscellaneous Cost of Wards	7,759,100	7,301,830	546,813		6,564,443	190,574
16. Medicaid Rehabilitation Option	2,088,999	1,374,196			1,370,881	3,315
17. Adoption Services	51,257,395	52,252,556	22,911,158	9,165,618	19,941,018	234,762
18. CHOICE Children's Services (1)	2,388,826	2,388,826	2,388,826			
19. Aging and Disabled Waiver (1)	3,394,106	3,394,106	2,105,703	1,288,403		
20. Autistic Waiver (1)	4,375,424	4,375,424	2,714,513	1,660,911		
21. Medically Fragile Children's Waiver (1)	1,573,271	1,573,271	976,057	597,214		
22. Traumatic Brain Injury Waiver (1)	422,362	422,362	262,033	160,329		
23. Seriously Emotionally Disturbed Children (8)	18,859,388	18,859,388	3,873,810	14,985,578		
24. Mental Health Rehabilitation Services (1)	70,344,374	70,344,374	43,641,650	26,702,724		
25. Developmental Disability Waiver (1)	17,260,018	17,260,018	10,708,115	6,551,903		
26. Other Mental Health Services (1) (9)	19,780,163	19,780,163	12,271,613	7,508,550		
Subtotal	429,515,477	402,310,657	200,050,650	83,032,903	114,804,629	4,422,475
E. Criminal Justice Institute						
1. Title IIe Challenge Grants	169,000	168,921	168,921			
2. Juvenile Accountability Incentive B.G.	4,474,350	3,248,080	2,727,062	52,705	468,313	
Subtotal	4,643,350	3,417,001	2,895,983	52,705	468,313	-
F. Juvenile Courts						
1. Juvenile Probation User Fees (5)	1,575,329					1,575,329
Subtotal	1,575,329	-	-	-	-	1,575,329
Total Community Based Services	974,513,955	950,716,056	367,353,423	463,667,216	115,272,942	5,997,804

	Budget	Actual	Actual	Actual	Actual	Actual
	Total 2002	Total 2002	Federal	State	Local	Other

### III. INSTITUTIONAL SERVICES

#### A. Department of Correction

1. Juvenile Transition and Contract Beds
2. Plainfield Juvenile
3. Indianapolis Juvenile
4. Fort Wayne Juvenile
5. South Bend Juvenile
6. Logansport Juvenile Intake/Diagnostic
7. North Central Juvenile
8. Pendleton Juvenile
9. Camp Summit
10. Northeast Juvenile
11. Bloomington Juvenile

Subtotal

#### B. Department of Education

#### C. Department of Health

1. Silvercrest (1)
2. Soldiers and Sailors (4)

Subtotal

#### D. Other Institutions

1. Indiana School for the Blind
2. Indiana School for the Deaf

Subtotal

#### E. Family and Social Services Administration

1. Care of Wards in Institutions
2. Evansville Psychiatric Children's Hospital
3. In-pt Psychiatric State Beds (Medicaid) (1)
4. In-pt Psychiatric Private Beds (Medicaid) (1)(9)

Subtotal

13,375,171	16,041,373		16,041,373			
15,606,843	14,806,318		14,806,318			
10,781,626	9,797,856		9,797,856			
1,768,436	1,664,272		1,664,272			
6,491,761	4,901,654		4,901,654			
3,184,293	3,122,863		3,122,863			
9,094,885	8,660,442		8,660,442			
15,790,685	16,059,310		16,059,310			
2,501,950	2,410,818		2,410,818			
5,032,003	4,773,479		4,773,479			
2,349,235	2,337,194		2,337,194			
85,976,888	84,575,579	-	84,575,579	-		-
7,470,440	7,810,409	35,770	7,774,639			
10,178,378	10,588,086		10,324,994			263,092
17,648,818	18,398,495	35,770	18,099,633	-		263,092
11,302,625	10,882,603	360,971	10,521,632			
18,710,165	17,241,956	184,820	17,057,136			
30,012,790	28,124,559	545,791	27,578,768	-		-
163,255,134	163,325,578	15,760,388		141,552,094		6,013,096
3,348,356	3,054,138		1,374,362			1,679,776
13,989,907	13,989,907	8,679,338	5,310,569			
15,953,716	15,953,716	9,897,685	6,056,031			
196,547,113	196,323,339	34,337,411	12,740,962	141,552,094		7,692,872

Budget	Actual	Actual	Actual	Actual	Actual
Total 2002	Total 2002	Federal	State	Local	Other

### III. INSTITUTIONAL SERVICES (con't)

#### F. County Secure Detention for Juvenile Justice Offenders

1. Allen (8)	3,675,967	3,675,967			3,675,967	
2. Bartholomew (6)	1,179,976	1,179,976			1,179,976	
3. Clark	580,709	531,880			531,880	
4. Dearborn	467,717	532,923			532,923	
5. Delaware	1,194,706	1,194,706			1,194,706	
6. Elkhart (8)	394,150	394,150			394,150	
7. Evergreen (Huntington County) (8)	300,000	300,000			300,000	
8. Grant (8)	1,062,003	1,062,003			1,062,003	
9. Hamilton (8)	503,382	506,382			506,382	
10. Henry (8)	1,997,030	1,997,080			1,997,080	
11. Howard	935,347	925,396			925,396	
12. Jackson (8)	925,873	925,873			925,873	
13. Johnson	1,648,414	1,572,290			1,572,290	
14. Lake	2,924,957	2,924,630			2,924,630	
15. LaPorte (8)	1,900,291	1,900,291			1,900,291	
16. Madison (8)	702,000	702,000			702,000	
17. Marion	3,717,029	3,792,029			3,792,029	
18. Muncie (7)	1,925,870	1,925,870			1,925,870	
19. Porter	970,211	896,615			896,615	
20. St Joseph (8)	4,207,653	4,207,653			4,207,653	
21. SW Indiana (Knox) (7)	1,441,000	1,441,000			1,441,000	
22. Vigo	566,207	559,798			559,798	
23. Vanderburgh	514,430	506,330			506,330	
Subtot	33,734,922	33,654,842	-	-	33,654,842	-
Total for Institutional Services	363,920,531	361,076,814	34,918,972	142,994,942	175,206,936	7,955,964

**TOTAL FOR ALL CHILDREN'S SERVICES**

	1,506,513,535	1,479,349,715	554,059,895	621,324,155	290,883,944	14,657,050
Department of Correction	89,414,485	87,951,672	1,080,938	86,870,734	-	-
Department of Education	523,255,216	529,621,613	157,215,638	372,405,975	-	-
Department of Health	142,213,552	142,541,537	116,282,461	25,292,702	-	966,374
Family and Social Services Administration	674,840,891	647,038,467	269,543,126	109,023,271	256,356,723	12,115,347
Criminal Justice Institute	11,466,350	10,417,025	9,391,941	152,705	872,379	-
Other Institutions	30,012,790	28,124,559	545,791	27,578,768	-	-
Juvenile Courts	1,575,329	-	-	-	-	1,575,329
Secure Detention for Juvenile Justice Offenders	33,734,922	33,654,842	-	-	33,654,842	-

(1) When a budget had not been established, the actual expenditures was used as the budgeted amount

(2) Budget total does not include local in-kind amounts

(3) Approximately \$4.5 million of the budgeted amount was used for direct services; may have some duplication in other budget areas

(4) "Actual Other" are Dedicated Funds

(5) The amount indicated is the total amount collected in 2002

(6) This amount includes detention, day treatment and aftercare services; some duplication is possible

(7) This is a private facility; the amounts reflect total payments received from the various county general funds

(8) In the absence of "expenditure data", "budgeted amounts" data has been used

(9) Medicaid covered services, not provided through the Division of Mental Health. To access these services children must use an approved medicaid provider and the child must be eligible for medicaid.

(10) The state funds are awarded to local comprehensive community mental health centers to access Medicaid dollars

NOTE: These totals DO NOT include private insurance costs, foundation grants made to local jurisdictions, \$81,279,942 in Head Start funds and \$7,969,300 in Early Head Start Funds, or any funds allotted by the Department of Workforce Development for youth employment.

Prepared by the Governor's Juvenile Law Commission in cooperation with the:

State Budget Agency

Family and Social Services Administration

Indiana Criminal Justice Institute

Department of Education

Indiana Department of Correction

**Appendix D:**  
**State Statutes and Administrative Codes Relating to Children's Services**

REVIEW OF STATUTES AND ADMINISTRATIVE CODES  
CONCERNING CHILDREN'S SERVICES PLANNING, POLICY  
AND SYSTEM DEVELOPMENT

Citation	Topic	Question	Result
IC 11-12-1-2	<b>Establishment of Community Correction Programs</b>	<b>Should “may” be replaced with “shall”</b>	<p>DOC: <b>No.</b></p> <p>FSSA: <b>Fiscal impact.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (3)</b></li> <li>• <b>“No” (3)</b></li> <li>• <b>Only if the State provides the funding for the mandate</b></li> </ul>
IC 11-12-1-2.5	<b>Coordination with Other Programs</b>	<b>Should “intensive home based services” be added?</b>	<p>DOC: <b>Yes but should define these services – i.e., blueprint programs, FFT, MST</b></p> <p>FSSA: <b>Yes.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>Perhaps</b></li> <li>• <b>“Yes” (5)</b></li> <li>• <b>“No” (1)</b></li> </ul>
IC 11-12-2-1	<b>Purpose</b>	<b>Should “coordinated juvenile justice system be included?”</b>	<p>DOC: <b>This is used in the operational definition currently.</b></p> <p>FSSA: <b>No, covered under IC 11-12-1-2.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>Don’t know what this adds; we do this now.</b></li> <li>• <b>“Yes” (4)</b></li> </ul>

			<ul style="list-style-type: none"> <li>• “No” (2)</li> </ul>
IC 11-12- 2-2	Advisory Board Membership	Should special education and/or comprehensive community mental health center directors be added?	<p>DOC: Have option to attend currently.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• Perhaps they should</li> <li>• “Yes” (4)</li> <li>• “No” (2)</li> </ul>
IC 11-12 2-4	Community Correction Plan Application	Should the manner in which “juvenile programs will coordinate in the community to ensure effective and efficient services and the greatest degree of funding and policy making collaboration” be added as a criteria?	<p>DOC: Most counties have not shown interest in alternatives such as Community Corrections, related to juveniles.</p> <p>FSSA: Yes.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (4)</li> <li>• “No” (2)</li> <li>• We already do this. Why is this language necessary?</li> </ul>
IC 12-13-14.5-3	Reports on Caseloads of Child Welfare Workers	Should “caseload” be replaced with “workload”?	<p>FSSA: Caseload is the generally accepted term; no value in changing it.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Workload” may be more appropriate, since not every case demands the same level of work or scrutiny as others.</li> <li>• No, this is a difference without a distinction, “smoke and mirrors”.</li> <li>• “No”.</li> </ul>

			<ul style="list-style-type: none"> <li>• “Why”?</li> <li>• “Why not”</li> </ul>
IC 12-13-14.5-5	Report to the Legislature on Child Welfare Caseloads	Should the report identify the need for additional staff, but should the statute require the automatic establishment of additional positions rather than just a reporting of them and the development of a plan of action on how to reduce the caseload?	<p>FSSA: Not a bad suggestion but would change the nature of the funding of staff because there would need to be an open-ended appropriation authority and it would still be dependent upon the availability of funds. There is no flexibility in funding today.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• Yes, it should be automatic; look at Illinois that by statute sets caseloads at a real workable number. If this is not done, the only way decent caseloads will be maintained is by a lawsuit. See New Jersey, they are putting in 1000 new caseworkers; they now have 1800.</li> <li>• “Yes”.</li> </ul>
IC 12-17-16-6	Membership of the Kids’ First Board	Should a probation officer, a mental health counselor and a special education professional be added to the Board?	<p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (3)</li> </ul>
IC 20-1-1	New	Should a preamble be developed that identifies outcomes for education that includes a holistic approach to having a child be ready to learn?	<p>DOC: Holistic is too vague. Can we define “ready to learn”?</p> <p>DOE: While there is nothing wrong with adding a preamble, not sure what outcome it would generate.</p>

			<p><b>FSSA: Worth considering, but should be discussed with DOE.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>This won't make any difference unless there is a vehicle to punish school financially that under-identify special education children and don not serve them. Create an educational neglect and cause so schools have to educate children who can't read, write or perform.</b></li> <li>• <b>"Yes" (1)</b></li> </ul> <p><b>ISDH: This would provide guidance for schools and other stakeholders and could assist in developing programming areas for pre-school programs. On-site educators should determine approaches.</b></p>
<b>IC 20-1-6-1(1)</b>	<b>Definition of Child with Disability</b>	<b>Should it be further defined rather than just physical or mental?</b>	<p><b>DOC: We should follow the federal lead on this.</b></p> <p><b>DOE: "Student with a disability" is already defined in 511 IAC 7-17-69. The statutory definition needs to be revised to reflect current requirements.</b></p> <p><b>FSSA: Should be physical, developmental or behavioral mental disorder.</b></p>

			<p>IJC: <b>“Yes” (2)</b></p> <p>ISDH: <b>It should reflect the language of the federal definition.</b></p>
IC 20-1-6-2.1	Director of the Special Education Division	Should collaboration and fiscal accountability and shared interests with other child-serving agencies be made a duty?	<p>DOC: <b>“Yes”, the mechanism is in SB 290.</b></p> <p>DOE: <b>Could be added.</b></p> <p>FSSA: <b>Yes.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>Probably</b></li> <li>• <b>“Yes” (4)</b></li> </ul> <p>ISDH: <b>This would assist in developing holistic programs based on student needs.</b></p>
IC 20-1-6-15.1	Comprehensive Plan	Should local collaboration be included in the training/ guidelines?	<p>DOC: <b>“Yes”, in theory; we should start with the state agencies first.</b></p> <p>DOE: <b>Current comp plan guidelines require schools/cooperative to identify parent involvement activities.</b></p> <p>FSSA: <b>Yes.</b></p> <p>ISDH: <b>This could be beneficial in providing all stakeholders opportunities to gain understanding of programs.</b></p>

IC 20-1-6-16	State Advisory Council	How can the Council further support collaborative efforts?	<p><b>DOC: Currently, this council has no authority.</b></p> <p><b>DOE: Statutory members on the council include representatives from DDARS, DFC, ISDH, DOC and others. IC 20-1-6-16(c) (7) already identifies Council responsibility “to advise the department in developing and implementing policies related to the coordination of services for children with disabilities”.</b></p> <p><b>FSSA: Require an annual report to be filed with the Legislative Council, the Governor and the Governor’s Planning Council for People with Disabilities.</b></p> <p><b>ISDH: Provide information to all interested and ask for input on regular basis; and promote inter-disciplinary and inter-regional seminars and meetings.</b></p>
IC 20-8.1-5.1	Truancy and Discipline	Should a standard be placed on due process requirements that mandate a school to indicate that services and efforts that were intended to provide services to the child and the family to keep the child in school; should the	<p><b>DOC: “Yes”, services follow the child. Indiana ranks in the top 10 in expulsion/suspension.</b></p> <p><b>DOE: What due process requirements? For special education students, services must be provided after the 10<sup>th</sup> day of suspension. Services for non-disabled students should continue</b></p>

		<p><b>funding formula require that even if a child is disciplined and not physically at school, that the school has a responsibility to provide services?</b></p>	<p><b>as well, but fiscal impact would be great.</b></p> <p><b>FSSA: Yes.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li>• <b>“Yes” (5)</b></li> <li>• <b>“Yes”, in most cases.</b></li> <li>• <b>“Yes”, or in the alternative, transfer the funding received by the school district for the student from the school district to the county agency providing services or supervision for that child.</b></li> <li>• <b>“Yes”, Let the money follow the child, but if the child is expelled, they still have to\he obligation to educate.</b></li> <li>• <b>“Yes”, there has to be some financial loss for not meeting the educational needs of the child and the family.</b></li> </ul> <p><b>ISDH: This provision does not specifically apply to ISDH institutions. We provide work for students to complete and provide extra time for students to ask for assistance upon their return to school to compensate for the inability to provide face to face services while a student is physically not at school.</b></p>
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IC 31-9-2-1	Preamble/Purpose	Should the preamble establish that all children are CHINS, even if committing an act that would be a crime if committed by an adult	<p>IJC:</p> <ul style="list-style-type: none"> <li>• Too broad; do we include children who commit violent felony crimes in the same category as children who commit property crimes or non-violent misdemeanors, or drug abuse or status offenses.</li> <li>• “Yes” (4)</li> <li>• Good idea to start with this.</li> <li>• No, Family Court model, not just name changes.</li> </ul>
IC 31-9-2-13	Definition of Child	Should the definition be modified so as to include the possibility that a felony sentence could be ordered not in a criminal court, but in the juvenile court when the child is over 18 years old, but less than 22 under certain conditions.	<p>FSSA: No opinion.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• The first question to ask is: Where is a juvenile court going to place a person 18-22 years of age. What services are really available for a person of this age. If you don’t have the answer to this question, then what’s the point?</li> <li>• “Yes” (4)</li> <li>• No, create a three-tier system for kids too sophisticated for juveniles and those not appropriate for the adult system.</li> </ul>
IC 31-9-2-82	Neglected child	Should the purpose be amended to include IC 31-10-2-1 “type” language?	<p>FSSA: No opinion.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (3)</li> <li>• ?? (2)</li> </ul>

IC 31-10-2-1	Purpose of the Juvenile Code	Should a new statement (13) be added so as to promote, when feasible and safe, dispositions and services that are family and child focused, community based and that requires the development and use of a consistent risk and needs assessment for the child, family and community, so as to match the needs with available services?	DOC: <b>"Yes"</b>  FSSA: <b>Represents same language.</b>  IJC: <ul style="list-style-type: none"> <li>• I think this is repetitive of what's already in the policy statement that is too long, verbose and confusing already.</li> <li>• Yes; too many proposed changes; adding more definitions only provide competing values. The important issue is substantive changes. Too many smoke and mirror competing views.</li> <li>• "Yes" (3)</li> <li>• "No".</li> </ul>
IC 31-10-2-1	NEW (14)	Should a new statement be added that emphasizes prevention and early intervention services whenever possible?	DOC: <b>"Yes"</b>  FSSA: <b>Represents same language.</b>  IJC: <ul style="list-style-type: none"> <li>• "Yes" (6)</li> <li>• Yes; too many proposed changes; adding more definitions only provide competing values. The important issue is substantive changes. Too many smoke and mirror competing views.</li> </ul>
IC 31-30-1-3	Concurrent Original	Should a new section be added that allows a	DOC: ??

	<b>Jurisdiction in Cases that Involve an Adult</b>	<b>sentencing or disposition for a person under 22 to be ordered by either a criminal court or a juvenile court?</b>	<p><b>FSSA: No opinion/answer.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>The first question to ask is, where is a juvenile court going to place a person 18-22 years of age that is different from the placement of the criminal court. What services are really available for a person this age. If you don't have the answer to this question, then what's the point?</b></li> <li>• <b>"No".</b></li> <li>• <b>"Yes" (3)</b></li> <li>• <b>?</b></li> <li>• <b>Three tier system; this requires a full re-writing. Put in Family Court.</b></li> </ul>
<b>IC 31-30-2-1</b>	<b>Continuing Jurisdiction of Juvenile Court</b>	<b>Should this be made clearer that programs such as the Lake County Community Transition Program is a program managed by the court, but funded through the Department and therefore should be eligible?</b>	<p><b>DOC: This could lead to issues being less clear rather than clearer.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>"Yes" (4)</b></li> <li>• <b>No opinion (1)</b></li> </ul>
<b>IC 31-30-2-1(b)</b>	<b>Continuing Jurisdiction of the Juvenile Court</b>	<b>Should a clarification be made so programs "offered by or through" the Department of Correction can include services</b>	<b>DOC: "Would this provide authority to the Courts to dictate services received by and through the Department of Correction?"</b>

		<b>managed locally and not paid directly by the Department?</b>	<p><b>FSSA: Doesn't juvenile judge have authority already?</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>What are you trying to do with this "clarification"? Don't understand your intent.</b></li> <li>• <b>"Yes" (3)</b></li> <li>• <b>"No" (2)</b></li> </ul>
<b>IC 31-30-2-2</b>	<b>Notice of Release from the Department of Correction</b>	<b>Should all children released from the Department of Correction be placed on probation, rather than parole?</b>	<p><b>DOC: What services would probation be able to offer under a continuum of care model? How would probation collaborate with the Department of Correction?</b></p> <p><b>FSSA: Best left to General Assembly. Make sure not cost shifting to FSSA.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>All..."no". Need to be selective, in the discretion of the juvenile court that first placed the child in the Department of Correction.</b></li> <li>• <b>Only if we get more probation officers.</b></li> <li>• <b>Not without more resources at the local level. Strict application of caseloads might solve this. Also, create early release from the Department of Correction to county level.</b></li> </ul>

			<ul style="list-style-type: none"> <li>• “No” (2)</li> <li>• “Yes”.</li> <li>• ?</li> </ul>
IC 31-31-5-3	Duties of a Chief Probation Officer	Should the duties include local service planning and coordination, collaboration, efficient use of funding and cross training of staff?	<p>IJC:</p> <ul style="list-style-type: none"> <li>• Probably.</li> <li>• “No”</li> <li>• Sure, but requiring it and not providing resources and staff to do it means it won’t happen.</li> <li>• “Yes” (3)</li> </ul>
IC 31- 31-8-6	Advisory Committee for a Detention Center	Should the county office of family and children, school system and mental health be included?	<p>DOC: Can currently participate.</p> <p>FSSA: Yes.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (3)</li> <li>• “No” (2)</li> <li>• No opinion</li> <li>• Probably</li> </ul>
IC 31-31-9-8	Marion County Detention Center Advisory Committee	Should the county office of family and children, school system and mental health be included?	<p>DOC: “Yes”</p> <p>FSSA: Yes.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (1)</li> <li>• “No” (2)</li> <li>• No opinion (2)</li> <li>• “?”</li> </ul>
IC 31-31-10-2	Report of Delinquents and CHINS	Should the number of children receiving special education be added to the	DOC: Is this data collected within another system currently and could be made available?

		<b>report under section (b)</b>	<p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (4)</li> <li>• “No” (2)</li> <li>• “?”</li> </ul>
<b>IC 31-33-1-1</b>	<b>Purpose</b>	<b>Should language similar to IC 31-10-2 be added including the additional language recommended previously for that citation?</b>	FSSA: <b>“Yes”.</b>
<b>IC 31-33-1-1</b>	<b>Purpose of the Act</b>	<b>Should (4) be amended to include rehabilitative services in a cost effective, coordinated manner that promotes a continuum of care? Should an additional statement be made that includes “fundable and safe dispositions and services that are family and child focused, community based and require the development and use of a consistent risk assessment for the child, family and community so as to match the needs to the available services, more effective information sharing, fiscal accountability and maximization of revenue streams”?</b>	<p>DOC: <b>“Yes” to both issues.</b></p> <p>FSSA: <b>Would support the addition, “...in cost effective, coordinated manner that promotes continuum of care”. The rest seems superfluous.</b></p> <p><b>Mental Health/Addiction screening assessment and treatment may be included. Mental health however, there would be a fiscal impact on adding screening and treatment.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>That’s a little too verbose and fuzzy; what do you mean?</b></li> <li>• <b>Cost effective; does that mean cost is the reason we do this?</b></li> <li>• <b>Fundable, so if agencies don’t fund it, kids don’t need it?</b></li> <li>• <b>Family and child focused, “yes”, but we do this.</b></li> </ul>

			<ul style="list-style-type: none"> <li>• <b>The State is the only entity that can even come close to finding and implementing ONE tool. There are lots of tools that EXIST and determining which one to use statewide is the issue.</b></li> <li>• <b>“No” (2)</b></li> <li>• <b>“Yes” (2)</b></li> </ul>
<b>IC 31-33-3-1</b>	<b>Appointment of Child Protection Teams</b>	<b>Should (7), be “both”, rather than the current language of “either”? Should the director of the local comprehensive community health center be added to the list?</b>	<p><b>FSSA: Leave the option available and the community can decide the best solution rather than have it prescribed by the state. CMHC idea is OK provided it is the center’s director or designee.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes”.</b></li> <li>• <b>“No”.</b></li> </ul>
<b>IC 31-33-2-2</b>	<b>Staff; Organization of Child Protective Services</b>	<b>Should a workload standard be placed in the law to ensure “sufficient and qualified staff”?</b>	<p><b>FSSA: Yes; although not sure how this will assure a qualified staff.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>Probably; also include a funding mechanism.</b></li> <li>• <b>“Yes” (4)</b></li> <li>• <b>See Illinois; set legislatively at 11 or 14?</b></li> <li>• <b>“No” (2)</b></li> </ul>
<b>IC 31-37-12-6</b>	<b>Advisements</b>	<b>Should a special statement or reference be made to</b>	<b>FSSA: OK</b>

		<b>compulsory school attendance?</b>	<p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>No, unless the child is charged with truancy.</b></li> <li>• <b>“No” (2).</b></li> <li>• <b>“Yes” (3).</b></li> <li>• <b>Only if it is made a decision.</b></li> </ul>
<b>IC 31-37-15-3</b>	<b>Form and Content of Petition</b>	<b>Should (3) (B) be modified to include a reference to compliance with compulsory school attendance?</b>	<p>FSSA: <b>OK.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>No, unless the child is charged with truancy.</b></li> <li>• <b>“No” (2).</b></li> <li>• <b>“Yes” (3).</b></li> </ul>
<b>IC 31-37-17-1</b>	<b>Pre-Dispositional Reports</b>	<b>Should a specific reference be made to education services under (a) (1)?</b>	<p>DOC: <b>“Yes”</b></p> <p>FSSA: <b>OK.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>No opinion.</b></li> <li>• <b>“Yes” (4).</b></li> <li>• <b>“No”.</b></li> <li>• <b>?</b></li> </ul>
<b>IC 31-37-17-1.2</b>	<b>Conference for Delinquent Child Eligible for Special Education</b>	<b>Should the phrase “known to be eligible” for special education be changed to “if a probation officer has reason to believe” the child has a need and is eligible for special education services?</b>	<p>FSSA: <b>OK.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (5).</b></li> <li>• <b>“No”.</b></li> <li>• <b>Known by whom, and what is the criteria, so “yes”.</b></li> </ul>
<b>IC 31-37-24-1</b>	<b>Early</b>	<b>How can this process be</b>	<b>FSSA: Yes, it can be used to facilitate</b>

	<b>Intervention Plan</b>	<b>used to facilitate collaboration in funding and policy development?</b>	<b>collaboration in funding and policy development.</b>  IJC: <ul style="list-style-type: none"> <li>• <b>No opinion (2).</b></li> <li>• <b>? (2).</b></li> </ul>
<b>IC 31-38-1-2</b>	<b>Local Coordinating Council Membership</b>	<b>Should school representative from the child's school be required? Should CPO be added? Under (2) should the system of care coordinator be specified? Should representative be added when appropriate?</b>	<b>FSSA: Need to get input from the Department of Education. The statute already allows this by permitting the superintendent's designee being present. System of care coordinator is OK. Other reps are allowed as chair determines.</b>  IJC: <ul style="list-style-type: none"> <li>• <b>These should be flexible and not mandatory. Give the Court and Probation some discretion.</b></li> <li>• <b>"No"(3).</b></li> <li>• <b>"Yes".</b></li> <li>• <b>?</b></li> </ul>
<b>210 IAC 2-1-1</b>	<b>Community Corrections Plan</b>	<b>Should (C )(2)(A include individual child and parent or family wraparound counseling and the establishment of systems of care?)</b>	<b>DOC: ?</b>  <b>FSSA: Recommend edits: (A include individual child and parent or family participation in wraparound services and...)</b>  IJC: <ul style="list-style-type: none"> <li>• <b>"Yes" (5)</b></li> <li>• <b>"No" (1)</b></li> <li>• <b>Perhaps</b></li> </ul>

<b>210 IAC 2-1-1</b>	<b>Community Corrections Plan</b>	<b>Should (i) (5) also include “continuum of services for juveniles?”</b>	<p>DOC: <b>Already included.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (5)</b></li> <li>• <b>“No” (1)</b></li> <li>• <b>No opinion (1)</b></li> </ul>
<b>210 IAC 2-1-1</b>	<b>Community Corrections Plan</b>	<b>Should collaboration with county office of family and children and special education and community mental health be required?</b>	<p>DOC: <b>Could be a positive change</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (6)</b></li> <li>• <b>“No” (1)</b></li> </ul>
<b>405 IAC 3-2-5</b>	<b>Membership of the local Step Ahead Council</b>	<b>Should (a) (23) specify both law enforcement and the juvenile court staff?</b>	<p>DOC: <b>??</b></p> <p>FSSA: <b>Yes.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>Perhaps.</b></li> <li>• <b>“Yes” (4).</b></li> <li>• <b>“No”.</b></li> </ul>
<b>410 IAC 3.2-1-7</b>	<b>County Department Defined</b>	<b>Should county department be changed to “office of family and children?”</b>	<p>FSSA: <b>Yes, should we change caseworker to case manager?</b></p> <p>SDH: <b>Yes, for consistency of use. This would also clearly identify the services of the Department. Although the definition already includes the provision “or any subsequent successor agency,” it would create greater clarity to change the name to “county office of family and</b></p>

			<b>children,” which has been the name for approximately fifteen years. This relatively minor name change simply updates the code section.</b>
<b>410 IAC 3.2-1-16</b>	<b>Family and household definitions</b>	<b>Does this conflict with food stamp definitions?</b>	<p><b>FSSA: yes, food stamp definition of “household” is specific and includes certain mandatory relationships 7 CFR 273.1</b></p> <p><b>ISDH: There are some differences in the definitions. For example: A food stamp (FS) household can be as few as one person, while a CSHCS family must be two or more people; a CSHCS family must live “together as one (1) economic unit,” while the members of a FS household need not necessarily “share other household expenses;” and two FS households living under the same roof are only required to have separate provisions for purchasing and preparing food, while two CSHCS families living under the same roof must be “economically independent of one another,” which is a stricter standard. However, in most instances, the definitions appear to be able to co-exist if a family receives both food stamps and assistance through CSHCS.</b></p>
<b>410 IAC 3.2-1-27</b>	<b>Primary Care Visits</b>	<b>Does this impact and or promote enrollment into Health families, EPSDT, and</b>	<p><b>FSSA: Does not impact enrollment, but may promote it</b></p> <p><b>ISDH: Although referral and</b></p>

		<b>Special Education enrollment?</b>	<p>developmental and behavioral assessment are clearly part of the definition of primary care visit, the degree to which primary care visits impact enrollment is dependent upon how well health care professionals are educated and made aware of these programs, and how often they make referrals to these services. Also, time is certainly a factor in that a health care professional can't always cover everything during the time allotted for an appointment unless he or she sees fewer patients during the day. Perhaps a more efficient link could be created for these programs and services that would not require a health care professional to spend time on an administrative function. Regarding Silvercrest (SCDC) in particular, this has no impact on enrollment or admission there. At SCDC, students are referred through the Local Education Agency (LEA) with parental agreement. Primary care visits are not required; this type of exam is done upon admission. If done prior, it may be helpful, but is not required.</p>
<b>410 IAC 3.2-8-1</b>	<b>Care Coordination Services</b>	<b>Should the Department of Education, the Division of Family and Children and others be able to reduce costs?</b>	<p>FSSA: This is a medical care program with high-income eligibility standards. It is unclear how outside parties may reduce the cost of medical care. The statute specifies that the cost of</p>

			<p><b>medical services is the same as Medicaid.</b></p> <p><b>ISDH: To the extent that such services are offered now, DOE and DFC might reasonably reduce costs through reduction of care coordination services during times when financial resources are unavailable. However, depending on how these services are defined within these two agencies, such action might require a law or rule change. While these agencies might rightly be able to reduce costs, they should not be reduced for providers of services. There are likely not enough public (free) services available to meet all the needs of all children with special needs. Among public service providers, there is adequate coordination and efficiency. But many times private service providers are needed to address special needs. This can be costly to the parent, to an insurance company, or to the State. Training for medical personnel and other specialists who address special needs is long and expensive. If fees for services are driven down too much, we could see even greater shortages of specialized medical providers. Taxpayers and school districts have kept compensation for teachers and rehabilitation specialists low for many</b></p>
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			<b>years. Today there are critical shortages of special education personnel. Care should be taken to avoid this outcome among the medical professions.</b>
<b>410 IAC 3.2-11-1</b>	<b>Advisory Council</b>	<b>Who should be appointed to this council?</b>	<p><b>FSSA: The statute cited as the authority for this rule mentions nothing about an advisory council (IC 16-35-2-7)</b></p> <p><b>ISDH: A cross section of health and education personnel, parent representatives, First Steps/DFC, Medicaid, Department of Education, Indiana Parent Information Network, and other appropriate members of the advocate community.</b></p>
<b>470 IAC 3-11-38</b>	<b>Governing Body of a Child Caring Institution</b>	<b>Should specific occupations be included, e.g., educators, mental health professionals?</b>	<b>FSSA: No, many are private and would be disinclined to have government stipulate the composition of their boards.</b>
<b>470 IAC 3-11-41</b>	<b>Placement Agreement</b>	<b>Should home based services for the parents, outcome data for the child and a transition plan for the child's return home be specified?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-11-54</b>	<b>Staff Development of a CCI</b>	<b>Should early childhood development and special education information be included?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-12-38</b>	<b>Governing</b>	<b>Should specific occupations</b>	<b>FSSA: No.</b>

	<b>Body</b>	<b>be included e.g., special education and mental health professionals??</b>	
<b>470 IAC 3-12-41</b>	<b>Placement Agreements</b>	<b>Should home-based services for the parents, outcome data for the child and a transition plan for the child's return be required?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-13-18</b>	<b>Placement Agreement</b>	<b>Should home-based services for the parents, outcome data for the child and a transition plan for the child's return be required?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-13-38</b>	<b>Governing Body</b>	<b>Should specific occupations be included e.g., special education or mental health professional?</b>	<b>FSSA: No.</b>
<b>470 IAC 3-13-41</b>	<b>Placement Agreement</b>	<b>Should home-based services for the parents, outcome data for the child and a transition plan be required?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-14-38</b>	<b>Governing Body</b>	<b>Should specific occupations be identified e.g., special education or mental health professional?</b>	<b>FSSA: No.</b>
<b>470 IAC 3-15-41</b>	<b>Placement Agreement</b>	<b>Should home-based services for the parents, outcome data for the child and a transition plan be required?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-15-54</b>	<b>Staff Development</b>	<b>Should training on the Individual Education Plan and special education and early childhood</b>	<b>FSSA: Recommend asking DOE.</b>

		<b>development be included?</b>	
<b>470 IAC 3.1-3-1</b>	<b>Local Planning</b>	<b>Should the local office of family and children be required to be a mandatory member?</b>	<b>FSSA: The FSSA County Director of the Division of Family and Children should be.</b>
<b>511 IAC 7-17-16</b>	<b>Comprehensive Plan</b>	<b>Should more emphasis be added here, as to what related services are to be included?</b>	<p><b>DOC: “No”, answer the key question.</b></p> <p><b>DOE: No- existing comp plan guidelines require school or cooperative to describe how related services will be provided. Article 7 provides the details of related services.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li><b>• “Yes” (3)</b></li> </ul> <p><b>ISDH: It could be beneficial to include more in the definition of related services.</b></p>
<b>New Entry</b>	<b>Definition</b>	<b>Should “disability” be defined and should it include mental, physical, developmental and behavioral components?</b>	<p><b>DOC: We should follow the federal lead.</b></p> <p><b>DOE: No- student with a disability is defined at 511 IAC 7-17-69, and individual exceptionality areas are defined in 511 IAC 7-26</b></p> <p><b>FSSA: Yes. Include all four.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li><b>• “Yes” (1)</b></li> </ul> <p><b>ISDH: This should reflect national and</b></p>

			<b>federal definitions presently being utilized.</b>
<b>511 IAC 7-17-23 (4)</b>	<b>Diagnostic Teaching Evaluation</b>	<b>Should “other aspects related to an appropriate education” be more defined?</b>	<p><b>DOC: We should leave the latitude to the professionals.</b></p> <p><b>DOE: It could be, but not sure what it would include. Purpose of a diagnostic teaching evaluation is an extended evaluation of the student in a particular setting or settings.</b></p> <p><b>FSSA: No.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li><b>• “Yes” (1)</b></li> </ul> <p><b>ISDH: It could be beneficial if “other aspects related to an appropriate education” is all- inclusive. Local educators must still have the ability to tailor evaluations according to local resources.</b></p>
<b>511 IAC 7-17-32</b>	<b>Evaluation</b>	<b>Should this specify that a “social, mental health, health” component is to be included?</b>	<p><b>DOC: If necessary to explain poor performance.</b></p> <p><b>DOE: No, a more detailed definition and description of evaluation criteria are found at 5411 IAC 7-25-3 and 4</b></p> <p><b>FSSA: No.</b></p> <p><b>IJC:</b></p>

			<ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> </ul> <p>ISDH: <b>It could be beneficial to develop a more holistic evaluation process.</b></p>
<b>511 IAC 7-17-44</b>	<b>Individualized Education Program</b>	<b>Should examples of “related services” be defined further; if not, how can the social service, health and mental health aspects be promoted while a public agency staff develops the Individual Education Plan?</b>	<p>DOC: <b>This is a public school issue; we are able to do this in the Department of Correction.</b></p> <p>DOE: <b>No-related services are defined collectively at 511 IAC 7-17-62 and specifically at 511 IAC 7-28-1</b></p> <p>FSSA: <b>Yes, provided a funding source and responsible party are identified.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> </ul> <p>ISDH: <b>Further definition of related services would be beneficial in facilitating communication between parents and public agency staff.</b></p>
<b>511 IAC 7-17-62</b>	<b>Related Services</b>	<b>Can “supportive services” be defined more clearly with examples to include human and social services?</b>	<p>DOC: <b>“Yes”, use examples but include, “not limited to”.</b></p> <p>DOE: <b>Individual related services are already defined in 511 IAC 7-28-1.</b></p> <p>FSSA: <b>Yes.</b></p> <p>ISDH: <b>It could be beneficial to include</b></p>

			<b>more in the definition of supportive services.</b>
<b>511 IAC 7-18-1</b>	<b>Scope</b>	<b>Should a vision statement, a mission statement or preamble be added that promotes accountability, collaboration, blended or braided funding and information sharing so outcomes can be the focus of the services?</b>	<p>DOC: <b>“Yes”, something that gets all of us focused on outcomes.</b></p> <p>DOE: <b>Could be added,. But to what end? Article 7 rules were promulgated to implement the Individuals with Disabilities education Act.</b></p> <p>FSSA: <b>Yes.</b></p> <p>ISDH: <b>Yes, a vision statement that promotes outcomes for the services being provided would be beneficial.</b></p>
<b>511 IAC 7-18-3 (b)</b>	<b>State Level Inter-agency Agreements</b>	<b>Should this section be used to promote braided funding and payment from other agencies who provide “related services” and require more specific language in the inter-agency agreement to achieve it?</b>	<p>DOC: <b>“Yes”, all agencies have a vested interest. Should also address how placement in these facilities constitutes a change in placement and old IEP cannot apply.</b></p> <p>DOE: <b>Could be revised to include language on collaboration and braided funding. This requisite language in individual interagency agreements could also be revised.</b></p> <p>FSSA: <b>Add under (2), The Division of Family and Children. States should have MOUs for committed funding.</b></p> <p>ISDH: <b>When possible</b></p>

<b>511 IAC 7-19-1 (b)</b>	<b>Child Find</b>	<b>How is this coordinated and how can this be used to promote greater local collaboration and blended funding?</b>	<p><b>DOC: Currently, anyone can refer a student.</b></p> <p><b>DOE: 511 IAC 7-19 addresses students unilaterally placed in private schools and the local schools responsibility for conducting comparable child find activities for those students. Not sure how blended funding fits with child find activities.</b></p> <p><b>FSSA: This rule applies to students who have been unilaterally enrolled by parents in a private school. Services identified are appropriate.</b></p> <p><b>ISDH: Not Applicable</b></p>
<b>511 IAC 7-20-1</b>	<b>Comprehensive Plan</b>	<b>Should the plan be more specific about the requirement to provide “related services” and how collaboration can be maximized? Should the early intervention plan required in IC 31-30 be referenced here or in some related area?</b>	<p><b>DOC: “Yes”, if it involves resources from other agencies.</b></p> <p><b>DOE: Comp plan guidelines currently require the planning district to describe how related services will be provided-could expand the interagency agreement section of the comp plan to have planning district describe collaborative efforts with other agencies. However, there is no consequence for not collaborating. Couldn’t find a reference to “early intervention plan”” in IC 31-30</b></p> <p><b>FSSA: Include in the plan, agreements</b></p>

			<p><b>for related services.</b></p> <p>ISDH: <b>Not Applicable</b></p>
<b>511 IAC 7-20-3 (a)(4)</b>	<b>Comprehensive System of Personnel Development</b>	<b>Should the system specify who and what agencies are to be trained (e.g., probation, parole, CASA and GAL)?</b>	<p>DOC: <b>“Yes”</b></p> <p>DOE: <b>See previous response to 511 IAC 7-17-17</b></p> <p>FSSA: <b>No, these articles would be included.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (3)</b></li> </ul> <p>ISDH: <b>Identification of appropriate agencies could be beneficial in training appropriate personnel.</b></p>
<b>511 IAC 7-22-1 (e)(9)</b>	<b>Procedural Safeguards</b>	<b>How could “wraparound” services be highlighted here?</b>	<p>DOC: <b>Reference areas and responsible parties.</b></p> <p>DOE: <b>Not sure how wraparound services fit into the content requirements for the notice of procedural safeguards-wraparound services are not a procedural safeguard.</b></p> <p>FSSA: <b>Add language regarding agencies that must work together</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>The State should pay for it.</b></li> </ul>

<b>511 IAC 7-24-2</b>	<b>Education Surrogate Parent</b>	<b>Should CASAs, GALs and Parole Officers be added here as potential Educational Surrogate Parents?</b>	<p><b>DOC: Parole officers should not be added.</b></p> <p><b>DOE: The federal rule, as mirrored by the state rule, precludes individuals who work for other public agencies (caseworkers, probation officer etc  ) from serving as educational surrogate parents. However, CASAs and GALs may serve as educational surrogates as long as they met the other criteria of 7-24-2.</b></p> <p><b>FSSA: No, if parole officers are added, what about probation and cps? We don't think so.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li>• <b>"Yes" (3)</b></li> <li>• <b>"Yes" as well as juvenile probation</b></li> <li>• <b>"No" (2)</b></li> <li>• <b>"?"</b></li> </ul> <p><b>ISDH: ISSCH and Silvercrest have established policies to work with these entities representing the interests of the child.</b></p>
<b>511 IAC 7-25-2 (c)</b>	<b>Child Identification</b>	<b>Should the county office of family and children and the juvenile court be identified</b>	<p><b>DOC: "Yes".</b></p> <p><b>DOE: Yes, the rule would need to be</b></p>

		<p>as a specific legitimate and helpful “child find” source? Should the written procedures for child identification include a requirement for collaboration with the juvenile court, parole, and the comprehensive community mental health centers?</p>	<p>revised.</p> <p>FSSA: Yes. Many counties already braid funds for this...coordinated by FSSA, Division of Family and Children. First Steps and Step Ahead...schools should be included.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (5)</li> <li>• No opinion</li> </ul> <p>ISDH: This could be beneficial; however, it should be the responsibility of the LEA to find children through the Child Find program. Written procedures for child identification should include collaborative efforts by multiple agencies.</p>
511 IAC 7-26-5 (a) (4)	Developmental Delay	Should emotional development be placed in the inter-agency agreement and child find?	<p>DOC: “Yes”.</p> <p>DOE: Not sure what this means-511 IAC 7-26-5 (a) (4) is one of the developmental areas to be considered by the CCC in determining if a child is developmentally delayed-how does this fit into an interagency agreement and child find? Child find regulations cover developmental delay, as well as all other exceptional areas.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (2)</li> </ul>

			ISDH: <b>Social and behavioral impairments should be included in addition to “developmental delay”.</b>
<b>511 IAC 7-26-6 (b)</b>	<b>Emotional Disability</b>	<b>Should this be included in the child find activities and the comprehensive plan?</b>	<p>DOC: <b>It is currently.</b></p> <p>DOE: <b>Not sure what this means- 511 IAC 7-26-6 (b) describes the criteria to be used by the CCC when determining whether a child has an emotional disability. See previous response.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (2)</b></li> </ul> <p>ISDH: <b>Social and behavioral impairments should be included in addition to “developmental delay”.</b></p>
<b>511 IAC 7-26-9</b>	<b>Mental Disability</b>	<b>How can this be included in the child find activities and comprehensive plan?</b>	<p>DOC: <b>It is in both now.</b></p> <p>DOE: <b>Not sure what this means. Current comprehensive plan guidelines require planning district to describe its child find activities in accordance with 511 IAC 7-25-2. See previous response.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> </ul> <p>ISDH: <b>Yes. It should be included.</b></p>
<b>511 IAC 7-27-1</b>	<b>Local Procedures and</b>	<b>Should the training include wraparound service</b>	DOC: <b>“Yes”</b>

	<b>Training</b>	<b>concepts and system of care concepts?</b>	<p><b>DOE: 511 IAC 7-27-3 (a) (1) (c) requires the public agency representative at the CCC to be knowledgeable about the availability of resources of the public agency. The training includes information about available services (511 IAC 7-27-1 (c) (3))</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> </ul> <p>ISDH: <b>Yes</b></p>
<b>511 IAC 7-27-1 (c) (2) and (3)</b>	<b>Local Procedures and Training</b>	<b>Should there be more specificity in what is included in the Individual Education Plan and “least restrictive environment?”</b>	<p><b>DOC: “Yes”, Medications should not be a part of the plan. Least restrictive environment is currently clear.</b></p> <p><b>DOE: 511 IAC 7-27-6 already identifies each of the components of an IEP. It is assumed that the public agency representatives are provided this information in their training.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“No” (1)</b></li> </ul> <p>ISDH: <b>Federal definitions should be utilized.</b></p>
<b>511 IAC 7-27-3 (e)</b>	<b>Case Conference Participants</b>	<b>Should probation officers, the local office of family and children and mental</b>	<b>DOC: “No”, this would make them subject to DPH’s.</b>

		health staff be included?	<p><b>DOE: No- rule on CCC participants allows the school and the parents to invite others to the CCC meeting. Also, 511 IAC 7-27-3 requires the school to ensure the participants identified; it would not be feasible to require the school to ensure participation of probation officers, OFC caseworkers or mental health staff.</b></p> <p><b>FSSA: Yes.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li>• <b>“Yes” (6)</b></li> <li>• <b>“No” (1)</b></li> </ul> <p><b>ISDH: They should be included if they can contribute to the Case Conference Committee (CCC) in terms of meeting the student’s needs. This could be an option determined by local staff.</b></p>
<b>511 IAC 7-27-4 (c) (1)</b>	<b>Case Conference Committee Meetings</b>	<b>Should “social,” “medical,” “mental health” and “safety” strengths of the child be included? Should the Individual Education Program include the following general and specific factors: “probation,” and “child protection?”</b>	<p><b>DOC: “No”, probation could be subject to DPH when probation is doing what the Court orders.</b></p> <p><b>DOE: Items could be added, but with the caveat that to do so would expand the current federal requirements. There also is a concern about confidentiality requirements of other agencies.</b></p> <p><b>FSSA: Yes, provided a funding source</b></p>

			<p><b>and responsible party are identified.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (6</b></li> <li>• <b>No opinion (1))</b></li> </ul> <p>ISDH: <b>This could be beneficial if they impact the student’s ability to be successful in school. This can be determined by local staff and the LEA.</b></p>
<b>511 IAC 7-27-9</b>	<b>Least Restrictive Environment</b>	<b>Should wraparound, family focused, community based services statements be included here?</b>	<p>DOC: <b>“No”, “least restrictive environment” is school/educationally based.</b></p> <p>DOE: <b>It might be possible to revise part of this section to clarify the inclusion of wraparound and community based services.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> </ul> <p>ISDH: <b>These services could be beneficial in achieving a “least restrictive environment”.</b></p>
<b>511 IAC 7-27-12 (a)</b>	<b>Community Supported Service</b>	<b>Does DOE include “wraparound” within the context of the application plan as a requirement to indicate local collaboration and cost saving?</b>	<p>DOC: <b>“No”, DPH’s are not cost saving.</b></p> <p>DOE: <b>Yes.</b></p> <p>FSSA: <b>Recommending asking DOE.</b></p> <p>IJC:</p>

			<ul style="list-style-type: none"> <li>• “Yes” (1)</li> <li>• “?”</li> </ul>
<b>511 IAC 7-31-4</b>	<b>Data Collection</b>	<b>Should it include a request for children in multiple systems?</b>	<p><b>DOC: “Yes”. Getting this accomplished seems to be the task.</b></p> <p><b>DOE: Not sure the school should be the repository for ALL information. Is this only for special education students or is this proposed for all students.</b></p> <p><b>FSSA: Yes, assuming systems are available.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li>• “Yes” (1)</li> </ul> <p><b>ISDH: This could be beneficial.</b></p>
<b>I. C.</b>	<b>Implementation</b>	<b>Should the statement concerning broker a range of community services include the responsibility to collaborate in shared policy input with the community and maximization of limited resources?</b>	<p><b>IJC:</b></p> <ul style="list-style-type: none"> <li>• “Yes” (3)</li> <li>• “No” (2)</li> <li>• “?” (2)</li> </ul>
<b>IV. D. 4.2</b>	<b>Workload Measures</b>	<b>Should current standardized risk and needs assessments be updated?</b>	<p><b>FSSA: Not yet, current attempts to cross systems initiatives are underway and the same is being reviewed.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li>• “Yes” (6)</li> <li>• Probably</li> </ul>

<b>IV. D. 4.2</b>	<b>Workload Measures</b>	<b>Should the workload measure be enforced so that a need for additional staff is to result in the establishment of the additional staff?</b>	<b>FSSA: Fiscal impact.</b>  <b>IJC:</b> <ul style="list-style-type: none"> <li>• <b>Only if state funding supplies the mandated funds</b></li> <li>• <b>“Yes” (5)</b></li> <li>• <b>Is the State going to pay for the probation officers?</b></li> </ul>
<b>IV. D. 4.5</b>	<b>Programs and Services</b>	<b>Should the Comprehensive Community mental Health Center and the County office of Family and Children be mentioned specifically here?</b>	<b>FSSA: Yes.</b>  <b>IJC:</b> <ul style="list-style-type: none"> <li>• <b>“Yes” (3)</b></li> <li>• <b>“No” (2)</b></li> <li>• <b>No opinion</b></li> </ul>

**REVIEW OF STATUTES AND ADMINISTRATIVE CODES CONCERNING CHILDREN'S  
SERVICES IDENTIFICATION, ASSESSMENT AND SERVICE REFERRAL**

<b>Citation</b>	<b>Topic</b>	<b>Question</b>	<b>Comments</b>
IC 11-12-1-2.5	Coordination with Other Programs	Should “intensive home based services” be added?	<p>DOC: <b>Yes but should define these services – i.e., blueprint programs, FFT, MST</b></p> <p>FSSA: <b>Yes.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>Perhaps</b></li> <li>• <b>“Yes” (5)</b></li> <li>• <b>“No” (1)</b></li> </ul>
IC 11-12 2-4	Community Correction Plan Application	Should the manner in which “juvenile programs will coordinate in the community to ensure effective and efficient services and the greatest degree of funding and policy making collaboration” be added as a criteria?	<p>DOC: <b>Most counties have not shown interest in alternatives such as Community Corrections, related to juveniles.</b></p> <p>FSSA: <b>Yes.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (4)</b></li> <li>• <b>“No” (2)</b></li> <li>• <b>We already do this. Why is this language necessary?</b></li> </ul>
IC 16-33-4-12	Education and Training for Children at Soldiers’ and Sailors’	Should a statement be added that the Superintendent is to work with the parents or the county office of family and children on a permanency and/or transition plan?	<p>FSSA: <b>Yes.</b></p> <p>ISDH: <b>The Soldiers’ and Sailors’ Children’s Home (ISSCH) currently does work with the county office of family and children when they are involved with any ISSCH resident children. ISSCH staff work with a transition plan when a student is preparing to graduate</b></p>

			<p>from our school, but when family members choose to remove the students from our care, ISSCH usually has little input into the child's home situation or future placement. It might make sense to add "Superintendent or designee" to this Code section. With input from ISSCH staff on a transition or permanency plan, there would be a greater sense of urgency in monitoring a child's progress while at ISSCH. With clear goals in mind regarding the child's future, situations can be avoided where a child spends more time than necessary in placement. This result would not only be better for the child, but also more fiscally responsible. ISSCH staff would be able to help make the transition/permanency plan even more realistic and achievable.</p>
IC 20-1-6-1-(5)	Individualized Education Program	Should the plan include CASA, office of Family and Children or Probation?	<p>DOC: IEP is strictly the education plan for the student.</p> <p>DOE: No, rule on CCC participants allows the school and the parents to invite others to the CCC meeting.</p> <p>FSSA: Yes, if they are guardians or custodians of the child.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• "Yes, if the child already is, or</li> </ul>

			<p>going to be   ) under the supervision of one of the agencies.</p> <ul style="list-style-type: none"> <li>• “Yes” (5)</li> <li>• “No” (1)</li> </ul> <p>ISDH: Plans in place at the Soldiers’ and Sailors’ Children’s Home (ISSCH) include all individual agencies working to provide for individual student needs. Including a variety of community agencies is beneficial to the process.</p>
IC 20-1-1.8-12	Step Ahead	How can this statute be strengthened to facilitate shared responsibility on providing for the needs of special education children and children at-risk of needing special education services?	<p>FSSA: No statute change is needed, but a resolve to embrace local coordinating efforts, such as Step Ahead.</p> <p>DOE: Not sure.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• No opinion (2)</li> <li>• Limit size, membership and focus</li> <li>• “?”</li> </ul> <p>ISDH: This does not apply to ISSCH or Silvercrest (SCDC). Emphasis on collaboration with available state, federal, local, and private programs in conjunction with the provision of information to parents could potentially assist in meeting the needs of special education children and children at-risk of needing special</p>

			<b>education services.</b>
<b>IC 20-8.1-14</b>	<b>Parental Participation</b>	<b>Should the compact described here for parental participation include a requirement that the school educate the parent on special education signs that the child may exhibit and the initiative of the parent to request testing?</b>	<p><b>DOC: This is generally done now.</b></p> <p><b>DOE: While the compact could describe the availability of an evaluation for special education eligibility, and how a parent can make a request for an evaluation, compact might also describe community services available for the student or family.</b></p> <p><b>FSSA: Information to parents about availability of testing should be provided.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li><b>• “Yes” (3)</b></li> </ul> <p><b>ISDH: There is difficulty to “training” parents to diagnose a wide variety of conditions or “signs” that could indicate the need for special education during different developmental stages of their child’s life. Teacher/parent or doctor/parent communications generally result in the best referrals for testing, however, materials should be available that inform parents of their rights.</b></p>
<b>IC 31-31-5-4</b>	<b>Duties of a Probation Officer</b>	<b>Should (9) be added that requires probation</b>	<p><b>FSSA: “Yes”.</b></p> <p><b>IJC:</b></p>

		<p>service plan coordination with other community providers, specifically special education, mental health and substance abuse counseling professionals?</p>	<ul style="list-style-type: none"> <li>• Our probation officers do this anyway. Why is statutory language needed?</li> <li>• “No” (3)</li> <li>• “Yes”.</li> <li>• Don’t they already?</li> <li>• Sure; where are the mental health and substance abuse professionals now? Special Education is so difficult to access that this is unworkable. Probation could need LOTS more help to ensure this is done effectively.</li> </ul>
IC 31-31-10-2	Report of Delinquents and CHINS	Should the number of children receiving special education be added to the report under section (b)	<p>DOC: Is this data collected within another system currently and could be made available?</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (4)</li> <li>• “No” (2)</li> <li>• “?”</li> </ul>
IC 31-33-3-6	Review of CPS Complaints by the Child Protection Team	Should (3) be added to specifically require schools and the CPT to work closely on developing processes and procedures for the reporting of abuse and especially educational neglect?	<p>FSSA: If there is evidence that the relationship between the CPT and the local schools do not work closely, than OK. Reluctant to support such a level of micromanagement across all counties because that implies it will not happen if it is not codified.</p> <p>IJC:</p>

			<ul style="list-style-type: none"> <li>• “Yes” (3).</li> </ul>
IC 31-33-3-7	Periodic Reports; Contents	Should a report be required to go to the Early Intervention Team under IC 31-34-24 and IC 31-37-24, to indicate the types of services needed to promote child abuse and neglect prevention?	<p>FSSA: Should be a state function using ICWIS data.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes”.</li> </ul>
IC 31-33-4-1	Preparation of the Child Protection Plan	Is this plan needed in view of the statewide authority of the division? Can the Early Intervention Plan accomplish this?	<p>FSSA: Yes, requires cooperation with LEA every two years; counties need to do this.</p> <p>Not unless blending of CPT into the EIP requirements.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• 1. “Yes”; “No”; 2. “yes” (2)</li> </ul>
IC 31-33-4-2	Implementation of Local CPS Plan	Should (6) be added that specifically requires the manner in which identification of special education needs and services are accomplished in the community?	<p>FSSA: This seems to be the province of the local education agencies, not child protection agency.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (2).</li> </ul>
IC 31-33-7-8	Reports of Abuse from Schools and Healthcare Providers	Should (13) specify special education and mental health and substance abuse needs	<p>FSSA: Yes, but it seems (16) could, and would suffice to meet this need.</p> <p>IJC:</p>

		be included?	<ul style="list-style-type: none"> <li>• “Yes” (4).</li> <li>• “No”.</li> <li>• Probably.</li> </ul>
IC 31-34-7-1	Preliminary Inquiry	Should “whenever practical” be deleted or another section added such as, “the child’s mental health, delinquent, school performance, healthcare needs, behavior and developmental concerns, and ability to share information” be added, by providing a listing of the persons or agencies who may receive the Preliminary Inquiry?	<p>FSSA: The additions will significantly increase the amount of time taken by the intake officer for a preliminary inquiry. Defeats the label “preliminary”.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• No; this just creates confusion for a probation officer as to who SHOULD receive information, as opposed to who MAY receive information. Not sure that change needs to be made here.</li> <li>• Add language.</li> <li>• “No” (2)</li> <li>• “Yes” (2)</li> <li>• Use the word “all”.</li> <li>• OK, but put this at the pre-dispositional report. Not much time to get information in the preliminary inquiry stage. May inaccurately set in motion or direction the wrong needs.</li> </ul>
IC 31-34-7-1	Preliminary Inquiry	Should a similar section be added that reflects the spirit and procedures contained in IC 31-37-8-2?	<p>FSSA: Would not add value to the effort currently undertaken during intake.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• OK.</li> </ul>

			<ul style="list-style-type: none"> <li>• “Yes”</li> <li>• “No”.</li> </ul>
IC 31-34-7-1	Preliminary Inquiry	Should a statement be made that a disposition cannot be made without all these issues having been investigated thoroughly?	<p>FSSA: Preliminary inquiry is designed to determine whether a more thorough investigation is warranted. If we are to eliminate the preliminary inquiry then there will be a major fiscal impact when every call precipitates a thorough investigation.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• Define “thoroughly” first.</li> <li>• “No” (4)</li> <li>• OK, thoroughly considered.</li> <li>• Would add to burden and require more officers.</li> </ul>
IC 31-34-7-1	Preliminary Inquiry	Should the child and family service needs information be a mandatory component of the Preliminary Inquiry?	<p>IJC:</p> <ul style="list-style-type: none"> <li>• Only in summary form. Otherwise, you create too great a burden for intake officers who are under a time crunch to prepare the report. Detail can be left for the final Pre-Dispositional Report.</li> <li>• “Yes” (3)</li> <li>• “No” 2)</li> <li>• ?</li> <li>• Too early; wrong time to set this direction; may happen on a Saturday at 3:00 a.m. on self-report.</li> </ul>

<b>IC 31-34-8-3</b>	<b>Order to Participate in an Informal Adjustment Program</b>	<b>Should compliance with school attendance and other programs be specified here?</b>	<p><b>FSSA: The entire intent of the IA is to get the person to admit to abuse or neglect and then remedy the identified deficiencies through a court approved plan without the court intervention required of a more formal CHINS determination.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “No” (3)</li> <li>• Courts should be doing this anyway.</li> <li>• Sure.</li> <li>• “Yes” (3).</li> <li>• We do this already.</li> </ul>
<b>IC 31-34-10-5</b>	<b>Information Provided to Parents</b>	<b>Should attendance in school be highlighted in (1) of this requirement?</b>	<p><b>FSSA: Yes. case plan identifies and addresses all identified deficiencies in the care of the child.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• Maybe.</li> <li>• “Yes” (4)</li> <li>• Sure.</li> <li>• “No”</li> </ul>
<b>IC 31-34-15-4</b>	<b>Content of Case Plan</b>	<b>Should (7) be added that specifically addresses the educational needs of the child?</b>	<p><b>FSSA: Yes.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• Probably.</li> <li>• “Yes” (5).</li> <li>• Sure; yes, yes, but must have immediate access to school information.</li> </ul>

			<ul style="list-style-type: none"> <li>• “No”.</li> </ul>
IC 31-34-15-5	Cooperation by Foster Parent in the Development of the Plan	Should (3) be clarified to include educational class attendance and compliance with the compulsory school attendance laws?	<p>FSSA: The licensure of foster parents should include compliance with court ordered requirements and compliance with pertinent state and federal laws and local ordinances.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• If it is for a foster parent understanding. Is it?</li> <li>• “Yes” (5).</li> <li>• “No”.</li> </ul>
IC 31-34-18-1 (a)	Pre-Dispositional Report	Should specificity be added to include mental health, child protection services, developmental disabilities, health and special educational services be components of the plan?	<p>DOC: “Yes”; this would seem to start a more solid assessment process.</p> <p>FSSA: Do not see need for amendment-current statute does not preclude the inclusion of these items in the plan. Isn’t that covered in 31-34-18-1.1 (b) (4)?</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• Probably.</li> <li>• “No” (2)</li> <li>• “Yes” (4)</li> <li>• Give resources and training to access information.</li> </ul>
IC 31-34-18-1.1 (a) (1) (2)	Consultation with Experts	Should “may” be eliminated and make consultation with the	<p>FSSA: Not sure if needed.</p> <p>IJC:</p>

		<b>schools and other experts be mandatory?</b>	<ul style="list-style-type: none"> <li>• “No” (6).</li> <li>• Leave to the Court’s discretion.</li> <li>• “Yes”.</li> </ul>
<b>IC 31-34-18-1.2</b>	<b>Mandatory Attendance by a School Representative</b>	<b>Should the cite be modified to delete “is known” and replace that with “if the child protection worker or probation officer “has reason to believe” the child’s need for special education services....”</b>	<p><b>DOC: What criteria would be used to determine “has reason to believe?” Any thoughts on if this will “bog” down the system even more?</b></p> <p><b>FSSA: OK.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li>• Probably.</li> <li>• “Yes”. (4)</li> <li>• “No”.</li> <li>• Resources, training and access questions.</li> </ul>
<b>IC 31-34-18-1.3 (b)</b>	<b>Assistance and Recommendations by Experts</b>	<b>If a resource is identified, but the child is not enrolled or is not expected to be enrolled due to fiscal or staff constraints, should the representative agency have to prepare a written record as to why the child is not going to be enrolled? What happens if the agency states that there are “no resources” to serve the child? Should these</b>	<p><b>FSSA: “Recommendations” implies some subjectivity in the final determinations as to why a service is provided, or not, documenting the decision is reasonable.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li>• It would be helpful to know why the child cannot be enrolled. If there are “no resources”. Then this trend should be addressed in the Early Intervention Plan and with the State and County fiscal body.</li> <li>• “Yes” (4).</li> <li>• “No”.</li> </ul>

		types of unavailability of services then be addressed in the county's Early Intervention Plan as required in IC 31-34-24 and IC 31-37-24?	<ul style="list-style-type: none"> <li>• Who should judge this, on what basis, too anecdotal.</li> </ul>
IC 31-34-18-4	Recommendations	Should a new (6) be added in (b) that promotes the most successful educational achievement (see wording in IC 31-34-19-6)	<p>FSSA: The purpose of this section is to determine what should be in a pre-dispositional report. If we include, then should we also not add "the most favorable healthcare outcome achievements", or "most aesthetically pleasing environment"?</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• No opinion.</li> <li>• "Yes" (4).</li> <li>• "No".</li> </ul>
IC 31-34-19-6	Dispositional Decree Factors	Should (6) be added that states "Provides the best opportunity for the child's educational success based upon the specific needs of the child"?	<p>FSSA: Yes.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• Probably.</li> <li>• "Yes" (5).</li> <li>• "No".</li> </ul>
IC 31-34-20-3	Parental Participation Order	Should (3) be modified to specifically include compliance with compulsory school attendance requirements?	<p>FSSA: OK.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• What do you do in situations where: (a) the child is expelled from school for whatever reason;</li> </ul>

			<p>or (b) the child is over 16 and the parent consents to withdrawal from school; or (c) parent “home schools” the child. Don’t know what benefit such language would provide in such situations.</p> <ul style="list-style-type: none"> <li>• “Yes” (5)</li> <li>• “No”.</li> </ul>
IC 31-34-20-4	Prohibited Content	Should (a) (4) be added, “the school attended by the child”?	<p>FSSA: Yes.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (7)</li> <li>• ?</li> </ul>
IC 31-34-21-5	Determination: Factors Considered	Should foster parent involvement in the educational or special educational needs of the child be added in (b)(4) and (6)?	<p>FSSA: Not sure why?</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• Probably.</li> <li>• “Yes” (5).</li> <li>• “No”.</li> </ul>
IC 31-34-22-1	Progress Reports	Should educational success be specifically added?	<p>FSSA: Yes.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (5).</li> <li>• “No”.</li> </ul>
IC 31-37-8-2	Preliminary Inquiry	Should the “words “whenever practical” be deleted and replaced with an investigation that requires the mental, healthcare,	<p>DOC: “Yes”</p> <p>FSSA: Yes, as a part of IA, but will need to then change the time deadline on IA as this is a substantial amount of information to gather.</p>

		<b>educational, developmental and behavioral needs of the child and family be required to be included? Should the ability to share this information be included?</b>	<p>IJC:</p> <ul style="list-style-type: none"> <li>• “No” (4).</li> <li>• “Yes” (2).</li> <li>• See comments above regarding other preliminary inquiry issues.</li> <li>• See comments on this before.</li> </ul>
<b>IC 31-37-9-1</b>	<b>Informal Adjustment</b>	<b>Should a statement be made that an informal adjustment may only be imposed after thorough investigation of the issues as presented in the new recommended wording of IC 31-37-8-2</b>	<p>DOC: “Yes”</p> <p>FSSA: No, sometimes we need to get the IA in place quickly; all of this information might be part of a later report but not to get an IA in place. Time is an important safety issue.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• Define “thorough first.</li> <li>• “No” (3).</li> <li>• “Yes” (2).</li> <li>• Isn’t this the case now?</li> </ul>
<b>IC 31-37-12-6</b>	<b>Advisements</b>	<b>Should a special statement or reference be made to compulsory school attendance?</b>	<p>FSSA: OK</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• No, unless the child is charged with truancy.</li> <li>• “No” (2).</li> <li>• “Yes” (3).</li> <li>• Only if it is made a decision.</li> </ul>
<b>IC 31-37-15-3</b>	<b>Form and Content</b>	<b>Should (3) (B) be</b>	<b>FSSA: OK.</b>

	<b>of Petition</b>	<b>modified to include a reference to compliance with compulsory school attendance?</b>	<p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>No, unless the child is charged with truancy.</b></li> <li>• <b>“No” (2).</b></li> <li>• <b>“Yes” (3).</b></li> </ul>
<b>IC 31-37-17-1</b>	<b>Pre-Dispositional Reports</b>	<b>Should a specific reference be made to education services under (a) (1)?</b>	<p>DOC: <b>“Yes”</b></p> <p>FSSA: <b>OK.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>No opinion.</b></li> <li>• <b>“Yes” (4).</b></li> <li>• <b>“No”.</b></li> <li>• <b>?</b></li> </ul>
<b>IC 31-37-17-4</b>	<b>Recommendations of Care</b>	<b>Should (6) be added that places a special emphasis on education success of the child?</b>	<p>FSSA: <b>OK.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>Perhaps.</b></li> <li>• <b>“Yes” (5).</b></li> <li>• <b>“No”.</b></li> </ul>
<b>IC-31-37-17-6.1</b>	<b>Pre-Dispositional Report Contents</b>	<b>Should the individual needs of the child and the parent be identified and matched with the service as each dispositional option is presented?</b>	<p>DOC: <b>“Yes”, again, perhaps requiring a community resource sheet being provided to families.</b></p> <p>FSSA: <b>This is a case plan function. If we are going to do all of this, why have case plans which are federally required? Why not file case plans?</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>Optional. It may not always be</b></li> </ul>

			<p>possible to exactly identify a service with each dispositional option. Be careful about placing too many demands on the Pre-Dispositional Report writer. In unique situations, the Court already may have asked the local CCST to staff the case and make specific recommendations, which are then incorporated into the Pre-Dispositional Report.</p> <ul style="list-style-type: none"> <li>• “Yes” (3).</li> <li>• As if we don’t have enough to do.</li> <li>• See above.</li> <li>• “No”.</li> </ul>
IC 31-38-2-1	Use of Local Coordinating Committee for Restrictive Placement	Should the statute require a mandatory convening of the LCC for any CHINS or delinquent or special education child in which a potential recommendation of out of home placement is being made?	<p>FSSA: Need to get input from DOE.</p> <p>As long as this recommendation supplements existing mechanisms and does not merely add yet another layer to the bureaucracy that un-necessarily delays treatment of the child, this may be reasonable.</p> <p>Need to be sure this does not become a way to circumvent the commitment statute.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• The LCC can become overused and unmanageable if you place too many demands on it. Give</li> </ul>

			<p>the Court discretion to choose when LCC needs to meet and staff a case.</p> <ul style="list-style-type: none"> <li>• “No” (4).</li> <li>• No; this was tried once and was too unworkable. Every child has a “potential” for that...what’s the point?</li> <li>• “Yes” (1).</li> <li>• We do that anyway.</li> </ul>
IC 31-38-2-7	Duties of the Local Coordinating Committee	Should (5) specifically reference special education services?	<p>FSSA: It would make sense to add it to the end of (3) if necessary.</p> <p>Need to get input from DOE.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (3).</li> <li>• “No” (2).</li> </ul>
IC 31-39-2-9	Providing Services to a Child or Child’s Family	Should “any person providing...” be clearly written to include home-based service providers, Special Education services and mental health services?	<p>FSSA: The current statutory language would already be construed to allow those groups access if they are providing services to the child. Specific verbiage adds nothing.</p> <p>Does this include home-based providers?</p> <p>Be careful that this does not violate HIPAA. Mental Health and Substance Abuse records need to remain confidential.</p>

			<p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (4).</li> <li>• “No” (2).</li> </ul>
<b>210 IAC 2-1-1</b>	<b>Community Corrections Plan</b>	<b>Should (C )(2)(A include individual child and parent or family wraparound counseling and the establishment of systems of care?)</b>	<p>DOC: ?</p> <p>FSSA: <b>Recommend edits: (A include individual child and parent or family participation in wraparound services and...)</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (5)</li> <li>• “No” (1)</li> <li>• Perhaps</li> </ul>
<b>210 IAC 2-1-1</b>	<b>Community Corrections Plan</b>	<b>Should (i) (5) also include “continuum of services for juveniles?”</b>	<p>DOC: <b>Already included.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (5)</li> <li>• “No” (1)</li> <li>• No opinion (1)</li> </ul>
<b>210 IAC 2-12</b>	<b>Establishment, Operation and Evaluation of the Community Corrections Program</b>	<b>Should a new section be added that requires standards for intensive home based counseling?</b>	<p>DOC: <b>Hesitant if this would lead us to promulgate more rules. This may be better addressed under code addressing who manages/licenses these services.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (5)</li> <li>• “No” (1)</li> <li>• “?”</li> </ul>

410 IAC 3.2-1-16	Family and household definitions	Does this conflict with food stamp definitions?	<p>FSSA: yes, food stamp definition of “household” is specific and includes certain mandatory relationships 7 CFR 273.1</p> <p>ISDH: There are some differences in the definitions. For example: A food stamp (FS) household can be as few as one person, while a CSHCS family must be two or more people; a CSHCS family must live “together as one (1) economic unit,” while the members of a FS household need not necessarily “share other household expenses;” and two FS households living under the same roof are only required to have separate provisions for purchasing and preparing food, while two CSHCS families living under the same roof must be “economically independent of one another,” which is a stricter standard. However, in most instances, the definitions appear to be able to co-exist if a family receives both food stamps and assistance through CSHCS.</p>
410 IAC 3.2-1-27	Primary Care Visits	Does this impact and or promote enrollment into Health families, EPSDT, and Special Education enrollment?	<p>FSSA: Does not impact enrollment, but may promote it</p> <p>ISDH: Although referral and developmental and behavioral assessment are clearly part of the definition of primary care visit, the degree to which primary care visits impact enrollment is dependent upon</p>

			<p>how well health care professionals are educated and made aware of these programs, and how often they make referrals to these services. Also, time is certainly a factor in that a health care professional can't always cover everything during the time allotted for an appointment unless he or she sees fewer patients during the day. Perhaps a more efficient link could be created for these programs and services that would not require a health care professional to spend time on an administrative function. Regarding Silvercrest (SCDC) in particular, this has no impact on enrollment or admission there. At SCDC, students are referred through the Local Education Agency (LEA) with parental agreement. Primary care visits are not required; this type of exam is done upon admission. If done prior, it may be helpful, but is not required.</p>
<b>410 IAC 3.2-2-1</b>	<b>Eligibility</b>	<b>How does this relate with Independent Living funds managed by FSSA?</b>	<p>FSSA: ILC's do not serve kids, only 18+.</p> <p>ISDH: The most obvious connection between CSHCS eligibility and Independent Living (IL) funds is the age limit of 21. For CSHCS, this is the maximum age of eligibility (except for Cystic Fibrosis patients) and for IL, this is generally the minimum age of eligibility. When appropriate, it would</p>

			<p>be beneficial for CSHCS children who are nearing the age of 21 to be able to access, to some degree, the IL benefits that are currently available to DFC wards as they transition out of care. In each case—both CSHCS children and DFC wards who are turning 21—the financial responsibility by these programs generally ends, but other adult-oriented programs often step in at continued cost and with less than optimal results. Expansion of IL services might provide a more successful and cost effective method of transitioning kids.</p>
410 IAC 3.2-2-1 (e) (1)	Care Coordination Services	Does this inter-relate well with Medicaid, Independent Living and First Steps guidelines and definitions?	<p>ISDH: In 2001, care coordination services—including in-home visits were centralized to the ISDH because of availability of funding to maintain the current level of primary, specialty and dental services to CSHCS participants. 410 IAC 3.2-8-1 limits the availability of care coordination services and makes it contingent on funding availability.</p>
410 IAC 3.2-6-2	Medical Eligibility	Is this comparable with Medicaid and First Steps?	<p>FSSA: They are not really comparable because there is not medical or disability requirement for Hoosier Healthwise.</p> <p>ISDH: CSHCS is considered a payer of last resort that is designed to provide</p>

			<p>supplemental services and fill in service gaps for children with specific, chronic, medical diagnoses. The system is designed to bill the most appropriate dollar first (i.e. private insurance first, then federal funds, then finally CSHCS state funds.) CSHCS requires application (though not necessarily qualification) for Medicaid. CSHCS medical eligibility is diagnosis specific; however, the Program coordinates with Medicaid in order to facilitate more seamless coverage between the two programs. The similarity is generally true in comparison to First Steps, though obviously First Steps only works with children 0-3, while CSHCS covers children through age 21. Like Medicaid, CSHCS is oriented toward provision of medical needs such as medicines and therapies. First Steps focuses more on developmental delays. These developmental delays can often be a component of a CSHCS child's medical issues, but that is not exclusively the case.</p>
410 IAC 3.2-6-2	Medical Eligibility	How does this relate to Special Education through Department of Education?	<p>ISDH: Medical disorders and dysfunctions may be cause for eligibility for special education as determined by a case conference committee as specified in Article 7. Specific disabilities may be related to</p>

			<p>medical disorders and dysfunctions and may be identified as “other health impairments” as a disability. Other specific medical conditions may be identified as a disability, such as “Traumatic Brain Injury” or “Visual Impairment”. Children at SCDC, all of whom have “Multiple Disabilities,” frequently have medical disorders. Special Education seemingly has very little medical relationship to CSHCS. To illustrate the point, the most common diagnosis of children on the program is asthma, which obviously would have no correlation to a child’s need for special education.</p>
470 IAC 3-5-18	Needs Assessment	Should a standard instrument be used?	FSSA: Yes
470 IAC 3-11-66	Treatment Plan	Should the plan require co-occurring home based services for parents while the child is in the CCI?	FSSA: Yes, if called for—who would oversee, provide services and how would it be paid for?
470 IAC-3-11-67	Discharge	Should this be more specific about the educational plan for the child?	FSSA: Recommend posting this question to DOE, but FSSA, DFC does think that education’s goals should be equal to health goals.
470 IAC 3-11-68	Services to Families	Should home based services and a transition plan be included?	FSSA: Yes. What is the fiscal impact?

<b>470 IAC 3-12-18</b>	<b>Needs Assessment</b>	<b>Should a standard instrument be specified?</b>	<b>FSSA: Yes, if one is available. May also depend on forms and variety of existing tools.</b>
<b>470 IAC 3-12-38</b>	<b>Governing Body</b>	<b>Should specific occupations be included e.g., special education and mental health professionals??</b>	<b>FSSA: No.</b>
<b>470 IAC 3-12-54</b>	<b>Emergency Shelter Staff Development</b>	<b>Should Individual Education Plan and early childhood development information be added?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-12-66</b>	<b>Care Plan</b>	<b>Should home-based services and a transition plan be included here?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-12-67</b>	<b>Discharge</b>	<b>Should an education plan for the child be specified here?</b>	<b>FSSA: Yes. Similar to health goals.</b>
<b>470 IAC 3-12-68</b>	<b>Services to Families</b>	<b>Should home-based services and a transition plan be required while the child is in placement?</b>	<b>FSSA: Yes. Is there a fiscal impact?</b>
<b>470 IAC 3-13-54</b>	<b>Secure Placement Facility Staff Development</b>	<b>Should Individual Education Plan and early childhood development issues be added?</b>	<b>FSSA: Recommend asking DOE.</b>
<b>470 IAC 3-13-66</b>	<b>Treatment Plan</b>	<b>Should home-based services, outcome data and a transition plan be</b>	<b>FSSA: Yes.</b>

		<b>required?</b>	
<b>470 IAC 3-13-67</b>	<b>Discharge</b>	<b>Should it be more specific for the development of an educational plan?</b>	<b>FSSA: Recommend asking DOE.</b>
<b>470 IAC 3-13-68</b>	<b>Services to Families</b>	<b>Should home-based services for parents, outcome data for children and a transition plan be included?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-14-18</b>	<b>Needs Assessment</b>	<b>Should a standard instrument be required?</b>	
<b>470 IAC 3-14-41</b>	<b>Placement Agreement</b>	<b>Should home-based services for the parents, outcome data for the child and a transition plan be required?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-14-54</b>	<b>Group Home Staff Development</b>	<b>Should Individual Education Plan and special education and early childhood development be included here?</b>	<b>FSSA: Recommend asking DOE.</b>
<b>470 IAC 3-14-64</b>	<b>Treatment Plan</b>	<b>Should home-based services for the parent, outcome data for the child and a transition plan be required?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-14-65</b>	<b>Discharge</b>	<b>Should it be more specific for</b>	<b>FSSA: Recommend asking DOE.</b>

		<b>development of an educational plan?</b>	
<b>470 IAC 3-14-66</b>	<b>Services to Families</b>	<b>Should home-based services for parents, outcome data for children and a transition plan be included?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-15-18</b>	<b>Needs Assessment</b>	<b>Should a specific instrument be required?</b>	
<b>470 IAC 3-15-41</b>	<b>Placement Agreement</b>	<b>Should home-based services for the parents, outcome data for the child and a transition plan be required?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-15-64</b>	<b>Case Plan</b>	<b>Should home-based services for parents, outcome data for children and a transition plan be required?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3-15-65</b>	<b>Discharge</b>	<b>Should an educational plan be specified?</b>	<b>FSSA: Recommend asking DOE.</b>
<b>470 IAC 3-15-66</b>	<b>Services to Families</b>	<b>Should home-based services for the parents, outcome data for the child and a transition plan be required?</b>	<b>FSSA: Yes.</b>
<b>470 IAC 3.1-6-2</b>	<b>Child Find</b>	<b>Should the Juvenile Court be included?</b>	<b>FSSA: No. Not sure what value it adds to Child Find.</b>

<b>470 IAC 3.1-8-2</b>	<b>Family Assessment</b>	<b>Should the Division of Family and Children require a specific assessment tool?</b>	<b>FSSA: Not sure; this warrants additional discussion with FSSA DFC.</b>
<b>511 IAC 7-17-10</b>	<b>Case Conference Committee</b>	<b>Should social, mental, developmental, health, and behavioral needs be specified in (3), “related services?”</b>	<p><b>DOC: If these services are needed to further a student’s progress in general education. “Related services:” are defined elsewhere.</b></p> <p><b>DOE: No- related services are defined collectively at 511 IAC 7-17-62 and specifically at 511 IAC 7-28-1</b></p> <p><b>FSSA: Yes, provided a funding source and responsible party are identified.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li><b>• “Yes” (1)</b></li> </ul> <p><b>ISDH: Yes, it provides clarity for all involved. However, this would only be beneficial if the same wording would be used in the definition of related services.</b></p>
<b>511 IAC 7-17-14</b>	<b>Community Support Services</b>	<b>Should social, human behavioral, mental health and developmental services be clearly identified here?</b>	<p><b>DOC: “Yes”.</b></p> <p><b>FSSA: Yes, identifying funding source and responsible party for related services.</b></p> <p><b>DOE: No-see previous response.</b></p>

			<p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (3)</b></li> </ul> <p>ISDH: <b>Yes, in order to determine what professional services may be required from community persons.</b></p>
<b>511 IAC 7-17-16</b>	<b>Comprehensive Plan</b>	<b>Should more emphasis be added here, as to what related services are to be included?</b>	<p>DOC: <b>“No”, answer the key question.</b></p> <p>DOE: <b>No- existing comp plan guidelines require school or cooperative to describe how related services will be provided. Article 7 provides the details of related services.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (3)</b></li> </ul> <p>ISDH: <b>It could be beneficial to include more in the definition of related services.</b></p>
<b>New Entry</b>	<b>Definition</b>	<b>Should “disability” be defined and should it include mental, physical, developmental and behavioral components?</b>	<p>DOC: <b>We should follow the federal lead.</b></p> <p>DOE: <b>No- student with a disability is defined at 511 IAC 7-17-69, and individual exceptionality areas are defined in 511 IAC 7-26</b></p> <p>FSSA: <b>Yes. Include all four.</b></p> <p>IJC:</p>

			<ul style="list-style-type: none"> <li>• “Yes” (1)</li> </ul> <p>ISDH: <b>This should reflect national and federal definitions presently being utilized.</b></p>
<b>511 IAC 7-17-23 (4)</b>	<b>Diagnostic Teaching Evaluation</b>	<b>Should “other aspects related to an appropriate education” be more defined?</b>	<p>DOC: <b>We should leave the latitude to the professionals.</b></p> <p>DOE: <b>It could be, but not sure what it would include. Purpose of a diagnostic teaching evaluation is an extended evaluation of the student in a particular setting or settings.</b></p> <p>FSSA: <b>No.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (1)</li> </ul> <p>ISDH: <b>It could be beneficial if “other aspects related to an appropriate education” is all- inclusive. Local educators must still have the ability to tailor evaluations according to local resources.</b></p>
<b>511 IAC 7-17-32</b>	<b>Evaluation</b>	<b>Should this specify that a “social, mental health, health” component is to be included?</b>	<p>DOC: <b>If necessary to explain poor performance.</b></p> <p>DOE: <b>No, a more detailed definition and description of evaluation criteria are found at 5411 IAC 7-25-3 and 4</b></p>

			<p>FSSA: <b>No.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> </ul> <p>ISDH: <b>It could be beneficial to develop a more holistic evaluation process.</b></p>
<b>511 IAC 7-17-44</b>	<b>Individualized Education Program</b>	<b>Should examples of “related services” be defined further; if not, how can the social service, health and mental health aspects be promoted while a public agency staff develops the Individual Education Plan?</b>	<p>DOC: <b>This is a public school issue; we are able to do this in the Department of Correction.</b></p> <p>DOE: <b>No-related services are defined collectively at 511 IAC 7-17-62 and specifically at 511 IAC 7-28-1</b></p> <p>FSSA: <b>Yes, provided a funding source and responsible party are identified.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> </ul> <p>ISDH: <b>Further definition of related services would be beneficial in facilitating communication between parents and public agency staff.</b></p>
<b>511 IAC 7-17-62</b>	<b>Related Services</b>	<b>Can “supportive services” be defined more clearly with examples to include human and social</b>	<p>DOC: <b>“Yes”, use examples but include, “not limited to”.</b></p> <p>DOE: <b>Individual related services are already defined in 511 IAC 7-28-1.</b></p>

		<b>services?</b>	<p>FSSA: <b>Yes.</b></p> <p>ISDH: <b>It could be beneficial to include more in the definition of supportive services.</b></p>
<b>511 IAC 7-17-71</b>	<b>Supplemental Aides and Services</b>	<b>Should examples be used, or should “related services” be added here?</b>	<p>DOC: <b>Use examples.</b></p> <p>DOE: <b>See previous response.</b></p> <p>FSSA: <b>Yes, examples.</b></p> <p>ISDH: <b>It would be more beneficial to include more in the definition of related services.</b></p>
<b>511 IAC 7-17-75</b>	<b>Transition Services</b>	<b>Should “social services” be added as a separate component as “H”?</b>	<p>DOC: <b>“Yes”.</b></p> <p>DOE: <b>How are “Social services” distinguished from those services already defined?</b></p> <p>FSSA: <b>Yes, isn’t this the same as community participation?</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> </ul> <p>ISDH: <b>Adding “social services” would not have a negative impact.</b></p>
<b>511 IAC 7-24-2</b>	<b>Education</b>	<b>Should CASAs, GALS</b>	DOC: <b>Parole officers should not be</b>

	<b>Surrogate Parent</b>	<b>and Parole Officers be added here as potential Educational Surrogate Parents?</b>	<p><b>added.</b></p> <p><b>DOE: The federal rule, as mirrored by the state rule, precludes individuals who work for other public agencies (caseworkers, probation officer etc  ) from serving as educational surrogate parents. However, CASAs and GALs may serve as educational surrogates as long as they met the other criteria of 7-24-2.</b></p> <p><b>FSSA: No, if parole officers are added, what about probation and cps? We don't think so.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li>• <b>"Yes" (3)</b></li> <li>• <b>"Yes" as well as juvenile probation</b></li> <li>• <b>"No" (2)</b></li> <li>• <b>"?"</b></li> </ul> <p><b>ISDH: ISSCH and Silvercrest have established policies to work with these entities representing the interests of the child.</b></p>
<b>511 IAC 7-25-3</b>	<b>Educational Evaluation</b>	<b>Should the cost of these evaluations be born by the State General Fund?</b>	<p><b>DOC: "Yes".</b></p> <p><b>DOE: No, see the response on page one</b></p> <p><b>IJC:</b></p>

			<ul style="list-style-type: none"> <li>• <b>“Yes” (3)</b></li> </ul> <p>ISDH: <b>No, costs should be born by the LEA and/or cooperative.</b></p>
<b>511 IAC 7-25-3 (i)(4)</b>	<b>Educational Evaluation</b>	<b>Should “social and emotional status” be defined clearer here?</b>	<p>DOC: <b>Redundant.</b></p> <p>DOE: <b>It could be revised to provide examples or information that could be included ass part of the social and emotional status.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> </ul>
<b>511 IAC 7-25-4 (j)</b>	<b>Initial Educational Evaluation</b>	<b>Does “developmental delay” include social and behavioral issues; and if so, can it be made clearer?</b>	<p>DOC: <b>“Yes”, where will we find the specific definitions?</b></p> <p>DOE: <b>511 IAC 7-26-5, which defines developmental delay, includes social/emotional development as one of the developmental areas to be considered by the CCC</b></p> <p>FSSA: <b>Yes.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> </ul> <p>ISDH: <b>Social and behavioral impairments should be included in addition to “developmental delay”.</b></p>
<b>511 IAC 7-26-9</b>	<b>Mental Disability</b>	<b>How can this be included in the child</b>	DOC: <b>It is in both now.</b>

		<b>find activities and comprehensive plan?</b>	<p>DOE: <b>Not sure what this means. Current comprehensive plan guidelines require planning district to describe its child find activities in accordance with 511 IAC 7-25-2. See previous response.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> </ul> <p>ISDH: <b>Yes. It should be included.</b></p>
<b>511 IAC 7-27-1 (c) (2) and (3)</b>	<b>Local Procedures and Training</b>	<b>Should there be more specificity in what is included in the Individual Education Plan and “least restrictive environment?”</b>	<p>DOC: <b>“Yes”, Medications should not be a part of the plan. Least restrictive environment is currently clear.</b></p> <p>DOE: <b>511 IAC 7-27-6 already identifies each of the components of an IEP. It is assumed that the public agency representatives are provided this information in their training.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“No” (1)</b></li> </ul> <p>ISDH: <b>Federal definitions should be utilized.</b></p>
<b>511 IAC 7-27-3 (e)</b>	<b>Case Conference Participants</b>	<b>Should probation officers, the local office of family and children and mental health staff be included?</b>	<p>DOC: <b>“No”, this would make them subject to DPH’s.</b></p> <p>DOE: <b>No- rule on CCC participants allows the school and the parents to invite others to the CCC meeting.</b></p>

			<p><b>Also, 511 IAC 7-27-3 requires the school to ensure the participants identified; it would not be feasible to require the school to ensure participation of probation officers, OFC caseworkers or mental health staff.</b></p> <p><b>FSSA: Yes.</b></p> <p><b>IJC:</b></p> <ul style="list-style-type: none"> <li>• <b>“Yes” (6)</b></li> <li>• <b>“No” (1)</b></li> </ul> <p><b>ISDH: They should be included if they can contribute to the Case Conference Committee (CCC) in terms of meeting the student’s needs. This could be an option determined by local staff.</b></p>
<b>511 IAC 7-27-4 (c) (1)</b>	<b>Case Conference Committee Meetings</b>	<b>Should “social,” “medical,” “mental health” and “safety” strengths of the child be included? Should the Individual Education Program include the following general and specific factors: “probation,” and “child protection?”</b>	<p><b>DOC: “No”, probation could be subject to DPH when probation is doing what the Court orders.</b></p> <p><b>DOE: Items could be added, but with the caveat that to do so would expand the current federal requirements. There also is a concern about confidentiality requirements of other agencies.</b></p> <p><b>FSSA: Yes, provided a funding source and responsible party are identified.</b></p>

			<p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (6</li> <li>• No opinion (1))</li> </ul> <p>ISDH: This could be beneficial if they impact the student’s ability to be successful in school. This can be determined by local staff and the LEA.</p>
511 IAC 7-27-6 (3)	Individual Education Program Components	Should “related services” and “supplementary aides and services” be expanded?	<p>DOC: “Yes”, what would they be expanded to?</p> <p>DOE: No, these are defined already in another area of Article 7.</p> <p>FSSA: Yes, provided a funding source and responsible party are identified.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (1)</li> </ul> <p>ISDH: It could be beneficial to include more in the definition of related services and supplementary aids and services.</p>
511 IAC 7-27-9	Least Restrictive Environment	Should wraparound, family focused, community based services statements be included here?	<p>DOC: “No”, “least restrictive environment” is school/educationally based.</p> <p>DOE: It might be possible to revise part of this section to clarify the inclusion of wraparound and</p>

			<p><b>community based services.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> </ul> <p>ISDH: <b>These services could be beneficial in achieving a “least restrictive environment”.</b></p>
<b>511 IAC 7-27-12 (a)</b>	<b>Community Supported Service</b>	<b>Does DOE include “wraparound” within the context of the application plan as a requirement to indicate local collaboration and cost saving?</b>	<p>DOC: <b>“No”, DPH’s are not cost saving.</b></p> <p>DOE: <b>Yes.</b></p> <p>FSSA: <b>Recommending asking DOE.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> <li>• <b>“?”</b></li> </ul>
<b>511 IAC 7-28-1 (a)</b>	<b>Related Services</b>	<b>Should (a) be modified so that it states “may be eligible for services under this article if funds are available?”</b>	<p>DOC: <b>“Yes”</b></p> <p>DOE: <b>No- special education eligibility is a requirement. Relates services in the absence of eligibility an provision of special education is precluded.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (1)</b></li> </ul> <p>ISDH: <b>This would be beneficial to our program. This is general enough to allow for local realities of administration.</b></p>

<b>I. C.</b>	<b>Implementation</b>	<b>Should the statement concerning broker a range of community services include the responsibility to collaborate in shared policy input with the community and maximization of limited resources?</b>	<p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (3)</li> <li>• “No” (2)</li> <li>• “?” (2)</li> </ul>
<b>IV. A. 1.7</b>	<b>Program/Services Needs Assessments</b>	<b>Should this assessment be aligned with the Early Intervention Plan and the Community Corrections Plan?</b>	<p>FSSA: Yes.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (3)</li> <li>• “No” (2)</li> <li>• “define “align first”</li> </ul>
<b>IV. B. 2.3</b>	<b>Continuing Education</b>	<b>Should specific topical areas such as “wraparound services”, “effective probation plan development”, “systems of care principles”, “special education issues”, “mental health pre-screening concerns” and a “primer on substance abuse” be mentioned?</b>	<p>FSSA: Yes, as edited. “Should specific topical areas such as ‘effective probation plan development’, ‘systems of care principles’, ‘special education issues’, ‘mental health screening’, ‘use an understanding of youth’ and ‘substance abuse’ be mentioned?”</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• -This should be mentioned if the continuing education is for probation officers who have or will supervise juveniles.</li> <li>• “Yes” (3)</li> <li>• “No” (1)</li> </ul>

<b>IV. D. 4.5</b>	<b>Programs and Services</b>	<b>Should the Comprehensive Community mental Health Center and the County office of Family and Children be mentioned specifically here?</b>	<p>FSSA: <b>Yes.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (3)</b></li> <li>• <b>“No” (2)</b></li> <li>• <b>No opinion</b></li> </ul>
<b>Tab 4</b>	<b>Preliminary Inquiry and Pre-Dispositional Report</b>	<b>In the “Education Section”, should the question be asked if the child has ever been referred to a special education evaluation, or whether the probation has an indication that a referral for an evaluation is warranted?</b>	<p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (6)</b></li> <li>• <b>“No” (1)</b></li> </ul>
<b>Tab 4</b>	<b>Preliminary Inquiry and Pre-Dispositional Report</b>	<b>In the “Evaluation/Summary” section, Should a focus for juveniles be a) education, b) serious emotional disturbances and c) substance abuse?</b>	<p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (4)</b></li> <li>• <b>“No” (1)</b></li> <li>• <b>“No”, a question, not “focus</b></li> <li>• <b>I’m not sure that juvenile intake/probation officers are qualified to render such opinions. They can however, mention what information they have been able to gather from other sources about the child that can be verified.</b></li> </ul>

**REVIEW OF STATUTES AND ADMINISTRATIVE CODES CONCERNING CHILDREN'S  
SERVICES INTEGRATIVE FUNDING**

Citation	Topic	Questions	Comments
IC 4-24-7-2	<b>Claims Against Counties for Costs Owed to the Department of Correction</b>	<b>Should counties be required to pay 50% of the per diem cost for juveniles committed to the Department of Correction? If not, what public policy should be developed?</b>	<p>DOC: ??</p> <p>FSSA: <b>Best left to General Assembly. Major fiscal ramifications.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>No, the counties already are absorbing all of the costs of local secure detention and non-secure placement in residential facilities. State secure facility placements or contracted facility placements should be paid from the State general Fund.</b></li> <li>• <b>No, but I would give each county a cap that could be based on demographics. If a county goes over their cap they would have to pay a per diem.</b></li> <li>• <b>No, Indiana is unique on this. The money costs are figured on a per diem basis, but no one knows how that is determined. Figures are a mystery.</b></li> <li>• <b>The State should pay, just as in the adult system, and the State should assist local communities with resources like community corrections.</b></li> <li>• <b>Adults; who pays?</b></li> <li>• <b>No, but the State will not assume this obligation.</b></li> </ul>

			<ul style="list-style-type: none"> <li>• The State should pay 100% of the costs.</li> <li>• “Yes”.</li> </ul>
IC 11-12-2-9	Charge Back	Should a similar charge back be added for commitments to juvenile facilities managed by the department?	<p>DOC: This may function as a reminder of types of juveniles appropriate for commitment; however, not likely to have any fiscal impact.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “No” (6)</li> <li>• “Yes” (1)</li> </ul>
IC 12-7.5-33	Use of Excess Funds	Should the statute be clearer about what per diem is to be paid? (i.e., one average per diem costs for the care of juveniles, or a per diem cost based upon individual facilities)	<p>DOC: ??</p> <p>FSSA: Do not know how DOC bills counties or how DOC develops their per diem charges.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• Statute citation could not be found.</li> <li>• “Yes” (2)</li> <li>• “No”</li> <li>• Individual facility</li> </ul>
IC 12-13-7-17	Per Diem Costs for Juveniles Ordered to the Department of Correction	Should these costs be the responsibility of the County General Fund	<p>DOC: ??</p> <p>FSSA: Best left to the General Assembly. Major fiscal ramifications</p> <p>IJC:</p>

			<ul style="list-style-type: none"> <li>• No, see answer to the first entry.</li> <li>• No, because each county does not have the same ability to pay. This creates unequal justice.</li> <li>• “Yes”. (2)</li> <li>• “No” (1)</li> </ul>
IC 12-17-1-1	Destitute Child	Is this funding source necessary?	<p>FSSA: <b>Counties still use. Yes it is necessary, or use it with child welfare services.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• Not sure that it is.</li> <li>• “No”.</li> </ul>
IC 12-17-3-1	Child Welfare Services	Should a clarification be made that clearly permits these funds may be used for informal adjustments both for delinquents and CHINS?	<p>FSSA: <b>Yes, will have to be federal requirements followed by probation. Statute already implies use for IAs.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (6).</li> <li>• “Yes”, but only for those who look for an excuse.</li> </ul>
IC 12-17-16-6	Purpose	Should revenue maximization and prevention and early intervention services be highlighted?	<p>FSSA: <b>The Board authorizes expenditures from the fund for initiatives to prevent child abuse/neglect and to reduce infant mortality. Enough flexibility in Board to clearly permit the appointment of these types of individuals. Not sure how a Special Education professional</b></p>

			<p>would significantly contribute to the objective of the fund.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes”. (3)</li> <li>• No opinion.</li> <li>• No, not revenue maximization.</li> <li>• Yes, but there should be some accountability for this fund. Prevention is almost impossible to measure. It is too open for favoritism.</li> </ul>
IC 12-17-16-11	Kids’ First Strategic Plan	Should the plan include how prevention and early intervention services will be the focus of the funding and how the funds are to be used to leverage and maximize other funding streams, and to fill service gaps in local communities?	<p>FSSA: No, the existing statutes clearly focus on the purpose of the fund (1) for initiatives to prevent child abuse/neglect and 2) to reduce infant mortality. The strategic plan already should reflect that.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (2)</li> </ul>
IC 12-17-16-13	Use of Fund Money	Should (1) be amended to include “and services that have a direct impact on reducing the causes of child abuse and neglect?”	<p>FSSA: No, language already exists in 12-17-16-1, program and services same meaning.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (2)</li> </ul>
IC 12-17-17-5	Use of the Child Advocacy Fund	Should the statute allow these funds to be	FSSA: No.

		<b>used to match Kids' First funds or other prevention and early intervention services?</b>	<p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>No opinion.</b></li> <li>• <b>"Yes".</b></li> </ul>
<b>IC 12-19-1-10</b>	<b>Administration of the Act</b>	<b>Should management of the county family and children's fund and the early intervention plan be added to the duties of county office of family and children directors?</b>	<p>FSSA: <b>12-19-1-10-(10) already has traditionally been interpreted to mean this. Existing statute states the purposes for how the fund is used today.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>No opinion.</b></li> <li>• <b>"No"</b></li> <li>• <b>No, if these are county dollars, the county has to have significant decision-making in their expense.</b></li> <li>• <b>"Yes" (2)</b></li> <li>• <b>Who has it now?</b></li> </ul>
<b>IC 12-19-1-14</b>	<b>Adoption Fees</b>	<b>Are the fees consistent throughout the state? If not, should they be?</b>	<p>FSSA: <b>Fairly consistent. Rural areas cannot support increased costs for home studies. Prefer to leave alone and monitor internally.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>"Yes" (4)</b></li> <li>• <b>They should be consistent.</b></li> </ul>
<b>IC 12-19-7-4</b>	<b>County Family and Children Fund Property Tax Levy</b>	<b>Should funding for the county family and children fund be shared by the county property</b>	<p>FSSA: <b>Best left to the General Assembly. Major fiscal ramifications.</b></p> <p>IJC:</p>

		<p>tax and the State General Fund, so that community and home based services and adoption assistance would be eligible for some degree of reimbursement from the State General Fund, while out of home placements would remain the responsibility of the county family and children's fund?</p>	<ul style="list-style-type: none"> <li>• “Yes” (3)</li> <li>• Indiana keeps trying to tweak an unworkable system. Make this a county responsibility or a state responsibility. This division creates too much opportunity for conflict and confusion. The State controls the “plan” for the federal government and has little or no incentive for county efficiencies. Failing a process to find which other state system works best and follow it, share the funding responsibility for services between the State and the County. They have to get along.</li> <li>• No opinion</li> <li>• All costs should be the State General Fund; remove this from the property tax.</li> </ul>
IC 12-19-7-6	Child Services Budget	<p>Should section (b) require collaboration and consultation with other funding sources, prior to submission of the budget to the Director of the Division?</p>	<p>FSSA: Already occurs and is part of the revenue estimation in the budget submission.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• “Yes” (4)</li> <li>• “No”</li> <li>• Preference would be to fully redo the funding stream as noted above.</li> </ul>
IC 12-19-7-11.1	Juvenile Court	Should information	FSSA: The FSSA. Local DFC office

	<b>Judge and Director of the County Office of Family and Children Report to the Council Fiscal Body</b>	<b>concerning the number of children requiring special education services, mental health services and substance abuse counseling services be added to the information that is presented to the county fiscal body?</b>	<p><b>should only be responsible for those expenses over which he/she has the responsibility and not, necessarily, for all special education services, mental health services and substance abuse counseling services. Data should be recorded and reported to FSSA, Mental Health.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>I'm not sure what the County Council will do with this information, nor how it affects their decision process. In any event, information about special education services should be reported by the school districts to the County Council, with copies to the Judge and to the OFC Director. Substance abuse counseling services information could be gathered by the probation department and reported to the County Council through the Court.</b></li> <li>• <b>"Yes" (4)</b></li> <li>• <b>"Yes", but who decides which is primary and secondary cause?</b></li> <li>• <b>"No".</b></li> </ul>
<b>IC 12-19-7-11.1</b>	<b>Juvenile Court Judge and Director of the</b>	<b>Should a report on the Children's Psychiatric Residential Treat Fund</b>	<p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>Not sure. Perhaps this should be included in the information</b></li> </ul>

	<b>County office of Family and Children Report to the County Fiscal Body</b>	<b>required to the county fiscal body?</b>	<p>reported on mental health services by the local CBH or mental health service providers in conjunction with the report of the local director.</p> <ul style="list-style-type: none"> <li>• “No”.</li> <li>• “Yes” (2).</li> <li>• This fund should be abolished. It is a failed attempt to accomplish some unstated goal and it eventually will cost the counties money and hurt service delivery and therefore, kids.</li> </ul>
<b>IC 12-19-7.5-8</b>	<b>Adoption of the Children’s Psychiatric Residential Treatment Services Fund</b>	<p><b>Should other professionals such as the comprehensive community mental health center director be contacted prior to submission of the budget to the Director of the Division?</b></p> <p><b>Should this fund be managed by the Director of the Division of Family and Children rather than by the 92 local directors of the county office of family and children?</b></p>	<p><b>FSSA: Community Mental Health Centers should be included; however, the requirements for this type of facility are very restrictive and only a handful, a dozen or more, of the facilities that can use these funds are appropriately accredited/licensed today. The fund should remain managed locally because the way the system works is that the facility will admit the child, eligibility will be determined, services provided, payment is sought through Medicaid, and a request made back to the county for reimbursement if the match share will be directed through the local office to the local auditor who will make the payment back to the state side of the Medicaid account. CMHCs have mental</b></p>

			<p><b>health data.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>I'm sure that whoever is charged with gathering this information for the report will do this anyway. Central management of the fund would be appropriate, but only if larger counties don't push smaller and middle-sized counties to the back. Simply dividing the resources up by some artificial formula (such as population) may not truly reflect the needs of smaller to middle-sized counties.</b></li> <li>• <b>No, leave at the local level as much as possible. Seems to be an attempt by the State to avoid providing mental health services, but if the HAVE to do it, try to get it paid through the county dollars. The fact this proposal is made, more clearly than anything else, points to a dollar grab by the State to do what they should have done years ago.</b></li> <li>• <b>"No" (2).</b></li> <li>• <b>Why?</b></li> </ul>
<b>IC 12-29-2-1</b>	<b>Funding for Community Mental Health Centers</b>	<b>Should the method of funding be modified to increase efficiency and expand services?</b>	<b>FSSA: Was amended in 2004 legislative session. FSSA, Mental Health is developing and implementing new performance metrics in order to have</b>

			<p><b>accountability for effectiveness and quality.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>“Yes” (4)</b></li> <li>• <b>Yes, the State should pay for all of this and insist on efficiencies and equal service and opportunity.</b></li> </ul>
<b>IC 16-33-3-10</b>	<b>Costs to Parents for Silvercrest</b>	<b>Should these costs be from the County Family and Children Fund, not the County General Fund?</b>	<p><b>FSSA: No, regardless, Silvercrest receives all of its revenue from General Fund and Federal Funds. There are no local funds received.</b></p> <p><b>ISDH: Switching costs from the County General Fund to the County Family and Children Fund would create better accountability in instances where the County Office of Family and Children requests financial assistance on behalf of the family through the Court. The County Office would then be the entity that not only requests that the funds be expended on behalf of families, but also the entity that goes before the County Council to make the budget request that enables the provision of services. This cost shift should be limited only to instances where the County Office of Family and Children makes a request on behalf of a family. The mission of Silvercrest, serving</b></p>

			<p>children with disabilities, is broader than the client base of the Office of Family and Children, so it would be important to avoid shifting unrelated costs. Parents have no costs for services at Silvercrest (SCDC). Parents are only required to provide their child's clothing and medication. Transportation is provided by the child's local school district. FSSA needs to decide on what fund to use if parents cannot pay for clothing. Medicaid will pay for medication if parents are eligible.</p>
IC 16-35-3	Children with Special Health Care Needs County Fund	Should this county property tax be eliminated and the cost be born by the State General Fund?	<p>FSSA: A need analysis should be done to determine what funds, beyond Title V received for these services are available and necessary. This is a complex question because the fund is over 90 years old and has interesting features.</p> <p>ISDH: Although Children's Special Health Care Services (CSHCS) is a statewide program, there are unique dynamics involved that make it more desirable for it to be funded through a county property tax. It is true that CSHCS services are coordinated from a central location, and that the local/regional aspect of the program has its largest presence in local DFC and First Steps Offices. However, the</p>

			<p>nature of the program is such that a few children with acute medical needs can sometimes draw a large portion of the financial resources that are available. This makes it more difficult to budget for the program, so financial flexibility is needed. If the program were funded through the State General Fund, any unused portion each year would revert back to the General Fund. This would eliminate the program's financial flexibility, and if a small number of children required a large percentage of resources in a given year, it could create a situation in which benefit packages would have to be reduced and dollar amounts would have to be capped. Families who have children on the program and various advocacy groups would provide feedback concerning any potential change in funding and/or related benefits provided by the CSHCS program. If the CSHCS Program continues to experience an increase in the related health care costs for the services that it covers, a viable, long-term, flexible funding mechanism may need to be explored.</p>
IC 31-3-5-4	Duties of a Probation Officer (NEW)	Should (8) be added that states probation officers are to assist in the financial	<p>FSSA: Reasonable.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• The language is a little fuzzy.</li> </ul>

		determinations so as to maximize revenue sources when services are provided to delinquent children and their families	<p>What do you intend?</p> <ul style="list-style-type: none"> <li>• “No” (2)</li> <li>• Too overburdened already. Now they have to be a fiscal manager and understand a complex, contradictory, overburdened, competitive system, all without sufficient training, retraining, support, computers or accepted process or outcome.</li> <li>• “Yes” (2)</li> <li>• As if they don’t have enough to do already.</li> </ul>
IC 31-34-18-3	Financial Reports	Should a consistent form or checklist be required to be developed by the Division of Family and Children and the Judicial Center and reviewed annually?	<p>FSSA: A consistent format is most reasonable; however, an annual review of the form or checklist may not be necessary. Unless the author means that the data should be reviewed annually, which does make sense.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• Probably.</li> <li>• “Yes” (5).</li> </ul>
IC 31-34-24-1	Early Intervention Plan	How can this process be used in collaboration of funding and policy development?	<p>DOC: ??</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• No opinion (2)</li> <li>• ?</li> </ul>
IC-31-37-17-3	Financial Reports	Should the statute require the Division of	FSSA: A consistent format is reasonable, as is reviewing data

		<b>Family and Children and the Judicial Center to develop a consistent form or checklist and review it annually?</b>	<b>annually.</b>  IJC: <ul style="list-style-type: none"> <li>• That would help.</li> <li>• “Yes” (5).</li> </ul>
<b>IC 31-37-24-1</b>	<b>Early Intervention Plan</b>	<b>How can this process be used to facilitate collaboration in funding and policy development?</b>	<b>FSSA: Yes, it can be used to facilitate collaboration in funding and policy development.</b>  IJC: <ul style="list-style-type: none"> <li>• No opinion (2).</li> <li>• ? (2).</li> </ul>
<b>210 IAC 2-1-1</b>	<b>Community Corrections Plan</b>	<b>Should (i) (1) also require expenditures for CHINS, special education and mental health services for children</b>	<b>DOC: Pretty good idea.</b>  <b>FSSA: Significant fiscal impact.</b>  IJC: <ul style="list-style-type: none"> <li>• “Yes” (4)</li> <li>• “No” (2)</li> <li>• Perhaps</li> </ul>
<b>210 IAC 2-1-1</b>	<b>Community Corrections Plan</b>	<b>Should (i) (1) also require expenditures for CHINS, special education and mental health services for children</b>	<b>DOC: Pretty good idea.</b>  <b>FSSA: Significant fiscal impact.</b>  IJC: <ul style="list-style-type: none"> <li>• “Yes” (4)</li> <li>• “No” (2)</li> <li>• Perhaps</li> </ul>
<b>410 IAC 3.2-6-1</b>	<b>Financial Eligibility</b>	<b>Does the family’s gross income fit well into the CHIPS guidelines?</b>	<b>FSSA: Any family income under 200% of poverty qualifies for Hoosier Healthwise.</b>

			<p><b>ISDH: The Hoosier Healthwise income standards range from 150 % to 200% of the federal poverty standard. By comparison, the base income standard for CSHCS is 185% of the poverty level—but it is 250% if funds are available. This 250% level has been applied since 1993. These standards are in the same basic range, but CSHCS obviously has a slightly higher ceiling to capture additional families that might not necessarily qualify for Medicaid. (Although a family must have applied for Medicaid to be eligible for CSHCS, they need not be qualified to receive it). The financial burdens placed on families with special needs children can be tremendous. For example, wheelchairs can cost thousands of dollars and can strain a family’s resources greatly.</b></p>
<b>410 IAC 3.2-6-2</b>	<b>Medical Eligibility</b>	<b>Is this comparable with Medicaid and First Steps?</b>	<p><b>FSSA: They are not really comparable because there is not medical or disability requirement for Hoosier Healthwise.</b></p> <p><b>ISDH: CSHCS is considered a payer of last resort that is designed to provide supplemental services and fill in service gaps for children with specific, chronic, medical diagnoses. The system is designed to bill the most appropriate dollar first (i.e. private</b></p>

			<p>insurance first, then federal funds, then finally CSHCS state funds.) CSHCS requires application (though not necessarily qualification) for Medicaid. CSHCS medical eligibility is diagnosis specific; however, the Program coordinates with Medicaid in order to facilitate more seamless coverage between the two programs. The similarity is generally true in comparison to First Steps, though obviously First Steps only works with children 0-3, while CSHCS covers children through age 21. Like Medicaid, CSHCS is oriented toward provision of medical needs such as medicines and therapies. First Steps focuses more on developmental delays. These developmental delays can often be a component of a CSHCS child's medical issues, but that is not exclusively the case.</p>
410 IAC 3.2-6-2	Medical Eligibility	How does this relate to Special Education through Department of Education?	<p>ISDH: Medical disorders and dysfunctions may be cause for eligibility for special education as determined by a case conference committee as specified in Article 7. Specific disabilities may be related to medical disorders and dysfunctions and may be identified as "other health impairments" as a disability. Other specific medical conditions may be identified as a disability, such as</p>

			<p><b>“Traumatic Brain Injury” or “Visual Impairment”. Children at SCDC, all of whom have “Multiple Disabilities,” frequently have medical disorders. Special Education seemingly has very little medical relationship to CSHCS. To illustrate the point, the most common diagnosis of children on the program is asthma, which obviously would have no correlation to a child’s need for special education.</b></p>
<b>470 IAC 3-10-3</b>	<b>Adoption Assistance Payments</b>	<b>Is there a means to increase the financial incentive for local offices of family and children to assist in adoptions as the permanency plan for appropriate children?</b>	<p>FSSA: Not sure what “incentive” means—federal funds are already use for home studies, etc.</p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• Yes; have the State run and pay.</li> </ul>
<b>470 IAC 3-11-41</b>	<b>Placement Agreement</b>	<b>Should home based services for the parents, outcome data for the child and a transition plan for the child’s return home be specified?</b>	FSSA: Yes.
<b>470 IAC 3-12-41</b>	<b>Placement Agreements</b>	<b>Should home-based services for the parents, outcome data for the child and a transition plan for the child’s return be</b>	FSSA: Yes.

		<b>required?</b>	
<b>470 IAC 3-13-18</b>	<b>Placement Agreement</b>	<b>Should home-based services for the parents, outcome data for the child and a transition plan for the child's return be required?</b>	<b>FSSA: Yes.</b>
<b>511 IAC 7-17-50</b>	<b>Manifestation Determination</b>	<b>How can this be used to promote collaboration, blended funding and additional supportive services?</b>	<p><b>DOC: Involve other child support agencies.</b></p> <p><b>DOE: Manifestation determination is an evaluative process to determine if the student's misconduct is a manifestation of the student's disability. Not really a vehicle to promote collaboration, blended funding, and additional supportive services, although a subsequent CCC meeting could be used for that purpose.</b></p> <p><b>ISDH: Manifestation Determination is a good evaluation process to determine what additional or alternative services should be required when individual student needs dictate it.</b></p>
<b>511 IAC 7-19-1 (b)</b>	<b>Child Find</b>	<b>How is this coordinated and how can this be used to promote greater local collaboration and blended funding?</b>	<p><b>DOC: Currently, anyone can refer a student.</b></p> <p><b>DOE: 511 IAC 7-19 addresses students unilaterally placed in private schools and the local schools responsibility for</b></p>

			<p><b>conducting comparable child find activities for those students. Not sure how blended funding fits with child find activities.</b></p> <p>FSSA: <b>This rule applies to students who have been unilaterally enrolled by parents in a private school. Services identified are appropriate.</b></p> <p>ISDH: <b>Not Applicable</b></p>
<b>511 IAC 7-23 (q) (4)</b>	<b>Confidentiality</b>	<b>Does financial aid include: financial eligibility determination such as for IV-E and Medicaid?</b>	<p>DOC: <b>Will this become a HIPAA issue?</b></p> <p>DOE: <b>We don't think so, but need to research further. Believe financial eligibility means eligibility for school financial aid.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>"Yes" (1)</b></li> </ul>
<b>511 IAC 7-25-3</b>	<b>Educational Evaluation</b>	<b>Should the cost of these evaluations be born by the State General Fund?</b>	<p>DOC: <b>"Yes".</b></p> <p>DOE: <b>No, see the response on page one</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>"Yes" (3)</b></li> </ul> <p>ISDH: <b>No, costs should be born by the LEA and/or cooperative.</b></p>
<b>511 IAC 7-27-8</b>	<b>Individual Education Program</b>	<b>Should something be added to promote blended or braided</b>	<p>DOC: <b>"Yes"</b></p> <p>DOE: <b>Concept of promoting blended or</b></p>

	<b>Accountability</b>	<b>funding?</b>	<p><b>braided funding is good but not sure how it fits with rules on the school's limited accountability for implementing an IEP.</b></p> <p><b>FSSA: Yes, provided a funding source and responsible party are identified.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>"Yes" (1)</b></li> </ul>
<b>511 IAC 7-27-12 (a)</b>	<b>Community Supported Service</b>	<b>Does DOE include "wraparound" within the context of the application plan as a requirement to indicate local collaboration and cost saving?</b>	<p><b>DOC: "No", DPH's are not cost saving.</b></p> <p><b>DOE: Yes.</b></p> <p><b>FSSA: Recommending asking DOE.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>"Yes" (1)</b></li> <li>• <b>"?"</b></li> </ul>
<b>511 IAC 7-28-1 (a)</b>	<b>Related Services</b>	<b>Should (a) be modified so that it states "may be eligible for services under this article if funds are available?"</b>	<p><b>DOC: "Yes"</b></p> <p><b>DOE: No- special education eligibility is a requirement. Relates services in the absence of eligibility an provision of special education is precluded.</b></p> <p>IJC:</p> <ul style="list-style-type: none"> <li>• <b>"Yes" (1)</b></li> </ul> <p><b>ISDH: This would be beneficial to our program. This is general enough to</b></p>

			<b>allow for local realities of administration.</b>
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**Appendix E:**  
**Participants of the Four Subcommittees**

## **Participants of Four Subcommittees**

### Planning, Policy & Systems Development Subcommittee

#### Co-Chairs:

Judge Steve David, Boone County Circuit Court

Ms. Allison Wharry, Indiana Health and Hospital Association

#### Members:

Mr. Stan Bippus, Salem Community Schools

Ms. Jane Bisbee, Family and Social Service Administration

Ms. Becky Bowman, Department of Education

Mr. Bill Curtis, Hillcrest-Washington Home

Mr. Jamie Groves, Huntington County Prosecutor's Office

Ms. Fran Hardy, Indiana University, School of Law

Mr. Jim Higdon, Johnson County Juvenile Detention Center

Ms. Anne Jordan, Indiana Judicial Center

Ms. Amy Karozos, Office of the State Public Defender

Ms. Suzanne Miller, Johnson County Probation Department

### Identification, Assessment & Service Referral Subcommittee

#### Co-Chairs:

Ms. Janet Corson, Private Consultant

Judge Susan Orr Henderson, Fountain Circuit Court

#### Members:

Ms. Pam Clark, Bartholomew County Youth Services Center

Ms. Kim Evans, Friendship Home

Ms. Lori Harshbarger, Logansport Juvenile Correctional Facility

Dr. Michael Jenuwine, Indiana University

Ms. Joan McCormick, Director of Special Education

Ms. Laurel Myers, Pulaski County DFC Office

Mr. Bruce Petit, Boone County Prosecutor's Office

Ms. Rickie Rose, Center for Performance Learning

Ms. Jane Siegel, Indiana Judicial Center

Ms. Marge Towell, Marion County Mental Health Association

Ms. Betty Walton, FSSA/Department of Mental Health & Addiction

### Information-Sharing Subcommittee

#### Co-Chairs:

Ms. Natalie Auberry, Judicial Technology & Automation Committee

Ms. Cathy Graham, IARCCA...An Association of Children & Family Services

#### Members:

Ms. Roberta Henry-Baker, Indiana Mentor-Alliance Human Services

Mr. Jeff Bercovitz, Indiana Judicial Center

Mr. Don Holderman, Muncie Community Schools

Mr. Gary Lamey, Hamilton County Prosecutor's Office

Ms. Susan Lesko, Dubois County DFC Office

Ms. Doris Parlette, Bloomington Juvenile Correctional Facility

Mr. Don Travis, Howard Circuit Court, Office of Juvenile Services

### Integrative Funding Subcommittee

#### Co-Chairs:

Mr. Joe Fistrovich, Indiana Department of Correction

Mr. David Reynolds, State Budget Agency

#### Members:

Mr. Lark Buckman, Vanderburgh County DFC Office

Mr. Rich Deliberty, Private Consultant

Mr. Earl Dunlap, Henry County Youth Center

Ms. Mary Edmonds, FSSA/Division of Budget & Finance

Mr. Carolyn Foley, Allen County Prosecutor's Office

Mr. Darrell Gordon, Wernle Children's Home

Mr. John Hill, Indiana Department of Education/Division of Exceptional Learners

Ms. Kathy Koehler, Crowe Chizek

Ms. Sharon Pierce, The Villages

Ms. Anita Silverman, Pacers Academy

**Appendix F:**  
**Promising Practices**

**Governor's Juvenile Law Commission  
Best Practices Inventory**

Project/Activity Name	PPSD	IS	IASR	IF
<i>The Boston Strategy to Reduce Youth Violence</i>	<b>X</b>	<b>X</b>		
<i>Denver Juvenile Justice Integrated Treatment Network</i>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<i>Kansas Juvenile Justice Reform Act of 1996</i>	<b>X</b>		<b>X</b>	
<i>Oregon Juvenile Crime Prevention Program</i>	<b>X</b>	<b>X</b>	<b>X</b>	
<i>Johnson County (IN) Access Coordination Team</i>	<b>X</b>	<b>X</b>	<b>X</b>	
<i>The Dawn Project (Indiana Behavioral Health Choices, Inc., Marion County, IN)</i>	<b>X</b>		<b>X</b>	<b>X</b>
<i>Child Welfare, Early Experiences Implementing a Managed Care Approach (Report)</i>	<b>X</b>		<b>X</b>	<b>X</b>
<i>Center for Health Care Strategies (Nationwide)</i>	<b>X</b>		<b>X</b>	<b>X</b>
<i>National Clearinghouse on Child Abuse and Neglect Information</i>	<b>X</b>			<b>X</b>
<i>New Jersey's Parent's Caucus</i>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<i>Wraparound Milwaukee</i>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<i>Wraparound Evaluation Research Team (Nationwide)</i>	<b>X</b>	<b>X</b>		<b>X</b>
<i>Community Assessment Centers (National Model)</i>		<b>X</b>	<b>X</b>	<b>X</b>
<i>Early Identification and Intervention Initiative (FSSA/DMHA)</i>	<b>X</b>		<b>X</b>	
<i>Single Point of Access (State of New York)</i>	<b>X</b>	<b>X</b>	<b>X</b>	
<i>National Systems of Care Wraparound Model</i>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<i>Howard County (IN) SHOCAP/SAFE POLICY</i>	<b>X</b>	<b>X</b>	<b>X</b>	
<i>Monroe County (IN) SHOCAP</i>	<b>X</b>	<b>X</b>	<b>X</b>	
<i>Circle Around Families (Lake County, IN)</i>	<b>X</b>	<b>X</b>	<b>X</b>	
<i>Elkhart County(IN) Community Wraparound (Oaklawn Hospital)</i>		<b>X</b>	<b>X</b>	
<i>Lawrence County (IN) REDIRECT Juvenile Drug Court Program</i>	<b>X</b>	<b>X</b>		
<i>Howard County (IN) Juvenile Drug Court Program</i>	<b>X</b>	<b>X</b>	<b>X</b>	
<i>Porter County (IN) Family Court Project</i>	<b>X</b>	<b>X</b>	<b>X</b>	
<i>Johnson County (IN) Juvenile and Family Court Project</i>	<b>X</b>	<b>X</b>	<b>X</b>	
<i>Juvenile Community Transition Program (Lake County, IN)</i>		<b>X</b>	<b>X</b>	<b>X</b>
<i>Tippecanoe County(IN) Systems of Care</i>		<b>X</b>	<b>X</b>	

**PPSD = Planning, Policy, & Systems Development**  
**IS = Information Sharing**

**IF = Integrative Funding**  
**IASR = Identification, Assessment, & Service Referral**

Program/Activity Name: **The Boston Strategy to Prevent Youth Violence**

Program/Activity Description: **The Boston Strategy to Prevent Youth Violence has three essential elements. The most concrete and visible element consists of programs (both key law enforcement and a broad array of prevention/intervention programs). A second key element is the shared principles that inspire and guide the work of all programs and make them effective. The third element is described as the most indispensable, yet most intangible, - the collaborative, problem-solving process by which the principles and programs were developed. The collaborations, the process and the variety of programs that make up this strategy are outlined on the website provided below. Should be noted that a number of Indiana communities, particularly Lake County with their Juvenile Court Nightlight Program, have emulated a number of the Boston Strategy programs, but may not have fully implemented the process of how Boston came to their unique violence prevention/intervention strategy.**

Contact Information: **James Jordan  
Office of Strategic Planning & Resource Development  
Boston Police Department  
1 Schroeder Plaza  
Boston, MA 02120  
(617) 343-5096  
Jordanj.bpd.@ci.boston.ma.us**

Further Information:  
(Website, Publications, Etc.) **<http://www.bostonstrategy.com>**

Best Practice Justification: **The Boston Strategy is nationally recognized as a model for systems/community development to address the needs of youth and families. While the program began as a focused effort to simply reduce gun violence and deaths in the city it has since expanded to a broad-based strategy to address both violence prevention and intervention utilizing a systems collaboration strategy. For example, the strategy now encompasses such programs as Community Based Juvenile Justice, Juvenile Service Providers Team, Youth Service Provider Network, etc.. More information about the development of the strategy and the programs can be found at the website listed above.**

Program/Activity Name: **Denver Juvenile Justice Integrated Treatment Network**

Program/Activity Description: **DJJITN coordinates all Denver juvenile justice entities, treatment, service providers and schools, to deliver a comprehensive continuum of care to meet the multiple needs of AOD abusing juvenile offenders and families at the earliest point of contact in the juvenile justice system. The network, since its inception, has been expanded to include services to other juvenile offenders, at-risk youth and their families.**

Contact Information: **DJJITN  
333 West Colfax Ave., #400  
Denver, CO 80204  
(303) 893-6898**

Further Information:  
(Website, Publications, Etc.) **<http://www.djjitn.state.co.us>  
July 2000, Margaret Roberts, M.Ed., “*Collaboration and Coordination: Denver’s Story of integrating services for substance abusing juvenile offenders*”.**

Best Practice Justification: **DJJITN is part of the larger Center for Network Development (CND) which seeks to improve outcomes for at-risk youth, juvenile offenders, and their families through the promulgation of cross system and sector collaborative solutions informed by best practices and promising approaches. The DJJITN was part of the original three Centers for Substance Abuse Treatment’s juvenile justice networks (Austin, Texas and Lane County, Oregon were the other two.)**

Program/Activity Description: **The Kansas Juvenile Justice Reform Act of 1996 established the Juvenile Justice Authority (JJA), a cabinet-level agency that administers the state's correctional facilities for delinquents and guides state and local efforts for delinquency prevention, intake assessment, secure detention and community corrections. The JJA passes funds to the administrative (lead) county in each judicial district to fund three core program areas: 1) Juvenile Intake and Assessment, for coordinated delinquency intake and initial assessment; 2) Juvenile Intensive Supervision Probation, for specialized probation services; and 3) Community Case Management for alternatives to placement in state facilities and aftercare services. Further information can be found at the JJA website and National Center for Juvenile Justice State Profiles website provided below.**

Contact Information: **Kansas Juvenile Justice Authority  
714 SW Jackson Street, Suite 300  
Topeka, KS 66603  
(785) 296-4213**

Further Information: <http://jja.state.ks.us>  
(Website, Publications, Etc.) <http://www.ncjj.org/stateprofiles/profiles/KS02.asp?state=KS02.asp&topic=Profile>

Best Practice Justification: **Kansas, similar, to Indiana is basically a decentralized system of juvenile justice, but the reform act was and is based on the development of a strong state and local partnership. The cabinet-level agency, JJA, works closely with county governments, county agencies, and community based agencies in the implementation and operation of juvenile justice services of the local level. Guidance and standards are provided at the state level, so that the services provided at the local level are coordinated and meet minimum standards across counties – this is encompassed by the three core programs and technical assistance to implement these programs: 1) Juvenile Intake and Assessment (JIAS), 2) Juvenile Intensive Supervision Probation (JISP), and 3) Community Case Management (CCMA). The JJA also, by statute, is required to develop a range of delinquency prevention programs. The JJA assists communities in identifying research-based approaches to delinquency prevention and encourages the development of partnerships for prevention at the local level. For more detailed information on all aspects of the Kansas reform and systems operations, including extended juvenile jurisdiction (blended-sentencing) and aftercare coordination see the NCJJ State Profiles site listed above.**

Program/Activity Name: **Oregon Juvenile Crime Prevention Program**

Program/Activity Description: **The 1999 Oregon Legislative Assembly approved new juvenile crime prevention grants to counties aimed at preventing high-risk youth from committing or repeating crimes. This legislation included the establishment of a community planning process with community based program delivery using guidelines and criteria established by an oversight Committee – the Juvenile Crime Prevention Advisory Committee (JPAC). Each Oregon County is allocated funds to support local high-risk juvenile crime prevention plans based on the youth population age 18 or younger, with minimum grants to small counties. The legislature also appropriated funds to evaluate the Juvenile Crime Prevention Initiative. The JCP initiative allowed communities to fund services based on local needs. Thus, each county has a different package of services funded by JCP funds. In general, services can be grouped into direct interventions (e.g. substance abuse treatment, family counseling, etc.), case management (e.g., coordinated review and monitoring of youth needs and services), and support services (e.g., housing or medical assistance).**

Contact Information: **Becky Eklund  
HRJCP Coordinator  
Oregon Criminal Justice Commission  
(503) 986-4569  
Becky.eklund@state.or.us**

Further Information:  
(Website, Publications, Etc.) **<http://www.ocjc.state.or.us/jcp>  
<http://www.ncjj.org/stateprofiles/profiles/OR04.asp?state=OR04.asp&topic=>**

Best Practice Justification: **Through the Juvenile Crime Prevention Initiative Oregon has created an organizational and programmatic framework for the development of public policy to sustain efforts to prevent and reduce juvenile crime in Oregon. Importantly, this framework in which state and local governments – in partnership with community based organizations – fund and deliver services, also holds promise to continuously improve outcomes for Oregon’s children, youth, and families. Evaluation results have revealed positive outputs and outcomes for children, youth and families (see Oregon website above).**

Program/Activity Name: **Johnson County Access Coordination Team**

Program/Activity Description: **ACT is a collaboration of agencies in Johnson County that come together weekly to staff juvenile cases to address the individual and family needs as well as create/strategize alternatives to fill service delivery gaps.**

Contact Information: **Carl Scheib  
ACT Services  
86 Drake Road  
Franklin, IN 46131  
cscheib@adultchild.org**

Further Information:  
(Website, Publications, Etc.) **NA**

Best Practice Justification: **Through this collaborative and comprehensive staffing of juvenile cases, Johnson County has reduced out of home placements by over 50%. The County has also reduced the duplication of services and county staff time as the agencies share information and resources. This has been a very productive initiative in the county that has led to the better utilization of time and resources for the benefits of families.**

Program/Activity Name:	<b>Indiana Behavioral Health Choices, Inc. (CHOICES) – The Dawn Project</b>
Program/Activity Description:	<b>Choices is a non-profit organization that creates and manages integrated “systems-of-care” in the State. The organization oversees a number of community-based programs in Marion County that rely heavily on community partnerships and collaborative efforts, both programmatic and fiscal, to deliver support services to children and families in Marion County. These programs include the YES Program (in-home family crisis intervention), Back-to-Home (runaway crisis intervention and follow-up), Families Reaching for Rainbows (family support and advocacy group) and the Dawn Project. The Dawn Project is a systems of care program that is designed to work with Marion County children with serious emotional disturbances and their families. The program focuses on the specific strengths and needs of a family and then with the family’s guidance develops a treatment plan around these strengths and needs. A system of care can best be described as a coordinated network of agencies and providers that make a full range of services available to needy families.</b>
Contact Information:	<b>CHOICES 4701 North Keystone Avenue, Suite 150 Indianapolis, IN 46205 (317) 726-2121</b>
Further Information:	<b><a href="http://www.kidwrap.org">http://www.kidwrap.org</a> <a href="http://www.kidwrap.org/Project%20E-Team%20Evaluation%20presentation_files/frame.htm">http://www.kidwrap.org/Project%20E-Team%20Evaluation%20presentation_files/frame.htm</a> <a href="http://www.kidwrap.org/pdf/R-Cost%20Fact%20sheet.pdf">http://www.kidwrap.org/pdf/R-Cost%20Fact%20sheet.pdf</a></b>
Best Practice Justification:	<b>According to a preliminary evaluation of the Dawn Project done by the Indiana Consortium Mental Health Services Research, Dawn has improved the overall clinical functioning of the youth it serves, participants showed a significant reduction in the likelihood of returning to the public system after completing Dawn, youth in the program have successfully been transitioned from restrictive placements to community-based settings, and that Dawn costs less than traditional treatment.</b>

Program/Activity Name:	<b>“Child Welfare, Early Experiences Implementing a Managed Care Approach”</b>
Program/Activity Description:	<b>Child Welfare Funding Strategies</b>
Contact Information:	<b>United States General Accounting Office, Health, Education and Human Services Division</b>
Further Information: (Website, Publications, Etc.)	<b><a href="http://www.gao.gov/archives/1999/he99008.pdf">www.gao.gov/archives/1999/he99008.pdf</a></b>
Best Practice Justification:	<b>This report provides an unbiased assessment of the successes and challenges in implementing managed care systems in the child welfare systems throughout the country.</b>

Program/Activity Name:	<b>Center for Health Care Strategies</b>
Program/Activity Description:	<b>Promising Approaches for Behavioral Health Services to Children, Adolescents and Their Families in Managed Care Systems</b>
Contact Information:	
Further Information: (Website, Publications, Etc.)	<b><a href="http://chcs.org">chcs.org</a> (publications)</b>
Best Practice Justification:	<b>This website provides information about various funding strategies for children’s services throughout the United States.</b>

Program/Activity Name: **U.S. Department of Health and Human Services, Administration for Children and Families**

Program/Activity Description: **National Clearinghouse on Child Abuse and Neglect Information**

Contact Information:

Further Information:  
(Website, Publications, Etc.) **<http://nccanch.acf.hhs.gov/profess/promising>**

Best Practice Justification: **This report provides basic information on the main issues, including sustained funding that are required for a successful service system for children.**

Program/Activity Name: **New Jersey's Parent's Caucus**

Program/Activity Description: **Parental Support Group for System of Care Development in the State of New Jersey**

Contact Information:

Further Information:  
(Website, Publications, Etc.) **[www.njparentscaucus.org/admin.pdf](http://www.njparentscaucus.org/admin.pdf)**

Best Practice Justification: **This report provides a parental group's view of the development of the system of care for children in New Jersey in the format of lessons learned.**

Program/Activity Name: **Wraparound Milwaukee**

Program/Activity Description: **Wraparound Services for the System of Care in Milwaukee, Wisconsin**

Contact Information:

Further Information: **Wraparound Milwaukee website is not functioning at this time**  
(Website, Publications, Etc.) **Articles can be retrieved from: [www.ncjrs.org/html/ojdp/jjjnl\\_2004\\_4/wrap\\_4](http://www.ncjrs.org/html/ojdp/jjjnl_2004_4/wrap_4)**

Best Practice Justification: **This program is recognized for its excellent outcomes for children both in child well being and the manner in which funding for services is sustained**

Program/Activity Name: **Wraparound Evaluation Research Team**

Program/Activity Description: **A non-profit site for information on wraparound services**

Contact Information:

Further Information: **[www.uvm.edu/~wrapvt/index.html](http://www.uvm.edu/~wrapvt/index.html)**  
(Website, Publications, Etc.)

Best Practice Justification: **Information that provides an overview of wraparound services throughout the United States.**

<u>Program/Activity Name:</u>	<b>Community Assessment Centers</b>
<u>Program/Activity Description:</u>	<b>Community Assessment Centers (CAC's) bring together the fragmented elements of service delivery in a collaborative, timely, cost-efficient, and comprehensive manner. CAC's are part of the Office of Juvenile Justice and Delinquency Prevention's Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders and bring together the four key elements that have the potential to positively impact the lives of youth and prevent them from becoming serious, violent, and chronic juvenile offenders: a single point of entry, immediate and comprehensive assessments, integrated case management, and a comprehensive and integrated management information system (MIS).</b>
<u>Contact Information:</u>	<b>OJJDP</b>
<u>Further Information (Website, Publications, Etc.):</u>	<b>OJJDP Fact Sheet, June 1999 #111; <a href="http://www.ojjdp.ncjrs.org/publications">www.ojjdp.ncjrs.org/publications</a></b>
<u>Best Practice Justification:</u>	<b>The CAC concept can be part of an overall strategy for dealing with children in the juvenile justice, child welfare and mental health systems and can overcome many of the barriers of cross-system identification, assessment and service referral. The CAC concept has as its cornerstones: a single point of entry (i.e. the creation of an actual or virtual "one-stop shop"); an innovative and cost-effective method for integrating the assessment processes used by diverse systems; integrated case management (which is the link between comprehensive assessment and effective, integrated service delivery, and a comprehensive and integrated management information system (MIS). Through the development of these cornerstones, the CAC concept will improve access to services, reduce duplication of services and increase system efficiency.</b>

<u>Program/Activity Name:</u>	<b>Early Identification and Intervention Initiative - Child Welfare Mental Health and Addiction Screening, Assessment, and Treatment</b>
<u>Program/Activity Description:</u>	<b>The early identification and intervention of behavioral health issues is being recognized in the literature and national policy of the many systems serving children. For example, The New Freedom Commission on Mental Health (2003) included early identification and intervention as one of the goals to transform the mental health system nationally. Developing routine, standardized screening processes for children with high risks (especially in the child welfare and juvenile justice) are included in the detailed recommendations. As part of child welfare's program improvement plan, Indiana is implementing routine screening of children who are placed into substitute care or who become CHINS. Children identified on the screen as possibly having mental health or addiction issues, are then referred to a master's level qualified mental health professional for assessment and treatment recommendations. Assessments aide in developing individualized services to meet the identified needs of children and families. Monitoring outcomes at the system level and for individual children with the information used for quality improvement are best practices. Between July 1 and December 30, 2004, the process will be implemented statewide.</b>
<u>Contact Information:</u>	<b>Betty Walton,</b> <b>FSSA/DMHA</b> <b>402 W. Washington St., W353, Indianapolis, IN 46204</b> <a href="mailto:bwalton@fssa.state.in.us">bwalton@fssa.state.in.us</a> <b>Jane Bisbee, FSSA, Division of Family and Children,</b> <a href="mailto:jbisbee@fssa.state.in.us">jbisbee@fssa.state.in.us</a> <b>Janet Carson, Project Director</b> <a href="mailto:jrcarlson@wico.net">jrcarlson@wico.net</a>
<u>Further Information</u> (Website, Publications, Etc.):	<a href="http://www.cwresource.org/hotTopics/CFSR/pips.htm">http://www.cwresource.org/hotTopics/CFSR/pips.htm</a> ; <a href="http://www.cssp.org/uploadFiles/2515_CSSP_FINAL.pdf">http://www.cssp.org/uploadFiles/2515_CSSP_FINAL.pdf</a> ; <a href="http://www.gih.org/usr_doc/childrens_mental_health.pdf">http://www.gih.org/usr_doc/childrens_mental_health.pdf</a> ; <a href="http://www.mentalhealthcommission.gov/">http://www.mentalhealthcommission.gov/</a>

Best Practice Justification:

**“ Early detection and treatment of mental disorders can result in a substantially shorter and less disabling course of illness ... Quality screening and early intervention should occur in readily accessible, low-stigma settings... in settings where a high level of risk for mental health problems exists, such as juvenile justice and child welfare. ...A coordinated, national approach ... will help eliminated social and emotional barriers to learning and will promote success in school and in other community settings for young children” (Commission on Mental Health, 2003, 60-62).**

<u>Program/Activity Name:</u>	<b>Single Point of Access (SPOA)</b> <b>(Similar to the Community Assessment Centers, New York's SPOAs provide one solution to similar issues facing Indiana.)</b>
<u>Program/Activity Description:</u>	<p><b>Each local government in New York State has been asked to designate a Single Point of Access for Children and Families (SPOA). The purpose of the SPOA for Children and Families is to identify those children with the highest risk of placement in out-of-home settings and to develop appropriate strategies to manage those children in their home communities. The purpose of the SPOA is to:</b></p> <ul style="list-style-type: none"> <li><b>- Identify children with the highest risk for placement.</b></li> <li><b>- Develop strategies to manage these children in their home communities using</b></li> </ul> <p><b>individualized, strength-based approach.</b></p> <ul style="list-style-type: none"> <li><b>- Develop better decisions about individualized care planning for children at risk.</b></li> <li><b>- Support communities to manage access to intensive services.</b></li> </ul> <p><b>The SPOA will be responsible for completing the tasks outlined below.</b></p> <ul style="list-style-type: none"> <li><b>-Develop an initial screening process and obtain baseline information.</b></li> <li><b>-Develop an organized process to manage access to services</b></li> <li><b>-Develop a comprehensive assessment and individualized service plan</b></li> <li><b>-Provide requested information to support measurement of outcomes</b></li> <li><b>-Develop an information system</b></li> </ul>
<u>Contact Information:</u>	See website below.
<u>Further Information</u> <u>(Website, Publications, Etc.):</u>	<a href="http://www.omh.state.ny.us/omhweb/new%5Finitiatives/main%5F3.html">http://www.omh.state.ny.us/omhweb/new%5Finitiatives/main%5F3.html</a>
<u>Best Practice Justification:</u>	<b>The New Initiatives will be used to expand community services to manage crises, deliver care directly to families and children in natural settings, and to organize and implement community-based care management strategies for families with children at risk of alternative placements. OMH is committed to moving the system from one which is self-contained to one that promotes coordination with community services that divert children from entering high-end services and facilitate their return to community living.</b>

Program/Activity Name: **Systems of Care Wraparound**

Program/Activity Description: **A system of care is “a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and challenging needs of children and their families” (Stroul & Friedman, 1986). Stroul further defined the concept in 2000 as “first and foremost, a range of treatment services and supports guided by a philosophy and supported by an infrastructure.” The local system of care infrastructure is made up of many systems (child welfare, mental health, education, court services, and families) serving children, which endorses a common value base and blends resources. Individualized services are provided to children and their families in a wraparound process through child and family teams. Teams are made up of the children, their families, and key individuals in the systems in which the family is involved. A Strength based assessment is completed by the team and used to develop a comprehensive intervention and crisis plan. Indiana has systems of care developing in about half of the counties.**

Contact Information: **Cheryl Shearer,  
Bureau Chief, Children, FSSA/DMHA  
402 W. Washington Street, W353, Indianapolis, IN 46204  
[cshearer@fssa.state.in.us](mailto:cshearer@fssa.state.in.us)**

Further Information  
(Website, Publications, Etc.): **<http://mentalhealth.samhsa.gov/cmhs/ChildrensCampaign/>**

Best Practice Justification: **For children with complex needs, comprehensive interventions are needed (Burns and Hoagwood, 2002).**

Program/Activity Name: **Howard Co. SHOCAP/SAFEPOLICY**

Program/Activity Description: **Information sharing program for a plan of prevention, intervention, and control addressing both the needs of at-risk youth and serious habitual offenders. The program has been in practice since 1988 and is currently institutionalized as a method of communication between probation, courts, detention facilities, schools, Department of Family and Children, and law enforcement. Electronic information sharing occurs via secure socket intra and internet technology.**

Contact Information: **Don Travis, Howard County Chief Juvenile Probation Officer, (765) 456-2222**

Further Information:  
(Website, Publications, Etc.) **[www.co.howard.in.us/juv](http://www.co.howard.in.us/juv)**

Best Practice Justification:

Program/Activity Name: **Monroe Co. SHOCAP**

Program/Activity Description: **The Monroe Co. SHOCAP program focuses on developing an interagency response to chronic juvenile offenders. It is an information sharing and case management program involving the Monroe Co. Circuit Courts, Prosecutor's Office, Juvenile Probation Department, Bloomington Police Department, Monroe Co. Sheriff's Department, Ellettsville Police Department, Indiana State Police, Indiana University Police Department, Monroe Co. Community Schools Corporation, Richland Bean Blossom School Corp., Office of Family and Children, Monroe Co. Community Corrections, Greater Bloomington Chamber of Commerce, Center for Behavioral Health, Wrap-around Services, and the Monroe Co. Youth Service Bureau. The program enables the juvenile justice system to enhance accountability and rehabilitative efforts.**

Contact Information: **Linda Brady,  
Chief Probation Officer, Monroe Co. Circuit Court  
Email: lbrady@co.monroe.in.us**

Further Information: NA  
(Website, Publications, Etc.)

Best Practice Justification:

Program/Activity Name:	<b>Circle Around Families (Lake Co.)</b>
Program/Activity Description:	<b>Circle Around Families is a system of care development initiative targeted to 147,000 people living in Lake Co. The initiative is designed as a child-centered and family focused system with services provided to families coordinated within the context of the existing family strengths and needs. The mission of the program is to develop a culturally competent community based system of care for seriously emotionally disabled children and their families utilizing a wraparound process which involves a team of caregivers assembled around each child and family to create one coordinated care plan built around identified child and family strengths.</b>
Contact Information:	<b>Mimi Gardner-Suggs, Vice President Circle Around Families 8400 Louisiana St. Merrillville, IN 64610 (219) 757-1864 mimi.suggs@geminus.org</b>
Further Information: (Website, Publications, Etc.)	<b><a href="http://www.circlearoundfamilies.org">http://www.circlearoundfamilies.org</a></b>
Best Practice Justification:	<b>Program has received national recognition for excellence in community communications and outreach. See website.</b>

Program/Activity Name:	<b>Elkhart Co. Community Wraparound (Oaklawn Hospital)</b>
Program/Activity Description:	<p><b>The Elkhart Co. Community Wraparound is an alternative approach to providing the best services and supports to a child and their family. The program is a community process that caters to a family's individualized strengths, needs, preferences, culture, and supports. The program is built on the belief that children and families have the potential, the ability, and the desire for positive change. The core values of the program are:</b></p> <ol style="list-style-type: none"> <li><b>1. The process must be child-centered, family-focused, and solution focused, respecting the strengths and needs of the child and family as the most important factors in creating positive change.</b></li> <li><b>2. The process must promote the individual's and the family's ownership.</b></li> <li><b>3. The supports and services must be community-based, building on the strengths, natural supports, and resources of the individual, the family, and the community.</b></li> <li><b>4. The services must respect and respond to the diversity that is unique to each individual and family. The supports and services accessed will be "family" driven rather than service driven.</b></li> </ol>
Contact Information:	<b>Elkhart County Community Wraparound (574) 533-1234 ext. 330</b>
Further Information: (Website, Publications, Etc.)	NA
Best Practice Justification:	

Program/Activity Name: **Lawrence County REDIRECT Juvenile Drug Court Program**

Program/Activity Description: **Lawrence County's Juvenile Drug Court Program is designed to redirect juvenile's lives away from substance based existence, giving them an opportunity to be experience sobriety. During their participation in drug court, which is modeled after the national juvenile drug court models, participants are given constructive support to aid them in also resisting further criminal involvement, improve school participation and performance and connect with the community.**

Contact Information: **Andrea McCord  
Juvenile Referee, Lawrence Circuit Court  
916 15<sup>th</sup> Street  
Room 37 Courthouse  
Bedford, IN 47421  
(812) 275-2421  
akmccord@yahoo.com**

Further Information:  
(Website, Publications, Etc.) **NA**

Best Practice Justification: **The Lawrence County Juvenile Drug Court can be considered a best practice in both systems development and information-sharing. The program was launched from the successful information-sharing that occurred in Lawrence County after the implementation of a SAFEPOLICY (School Administrators for Effective Police, Probation, and Prosecution Operations Leading to Improved Children and Youth Services) committee. In the County's own words "out of this group have come several effective juvenile programs that improved services to our community, our youth and their families".**

Program/Activity Name:	<b>Howard County Juvenile Drug Court Program</b>
Program/Activity Description:	<b>Juvenile Drug Court focusing on addicted youth</b>
Contact Information:	<b>Don Travis, Chief Juvenile Probation Officer, Juvenile Drug Court Coordinator (765) 456-2222, <a href="mailto:don.travis@co.howard.in.us">don.travis@co.howard.in.us</a></b>
Further Information: (Website, Publications, Etc.)	<b><a href="http://www.co.howard.in.us/juv">www.co.howard.in.us/juv</a> Programs, Juvenile Drug Court</b>
Best Practice Justification:	<b>Program utilizes established information sharing network between probation, prosecutor, courts, Department of Family and Children, schools enhanced with local mental health to provide services and accountability to participating youth. Program is certified by the Indiana Judicial Center.</b>

Program/Activity Name:	<b>Porter County Family Court Project</b>
Program/Activity Description:	<b>Porter County uses the “information sharing between multiple courts” model. The family court supervisor identifies eligible families from reviewing a variety of information sources, including attorney appearance forms, domestic violence reports, and child abuse and neglect reports. The supervisor also receives referral forms or informal requests from judges, court staff, CASAs, attorneys, and others. Any family with multiple cases pending in the court system is eligible for the family court. When a family is selected for family court all of the family’s pending litigation is included in the family court proceeding, including criminal matters significant to the family. A case management report will be generated that advises the courts and all appropriate persons of the legal issues impacting the family, ensures more informed decision making regarding safety and stability issues for the children, and helps coordinate needed services for families.</b>
Contact Information:	<b>Alison Cox (219) 465-3600 acox@porterco.org</b>
Further Information: (Website, Publications, Etc.)	<b>NA</b>
Best Practice Justification:	<b>Family court models are nationally recognized as a best practice.</b>

Program/Activity Name: **Johnson County Juvenile and Family Court Project**

Program/Activity Description: **Johnson Co. uses a “one family-one judge” model. The court accepts multiple cases involving the same family members and complex custody litigation. Additionally, all felony non-support cases are filed in the family court. The one family-one judge model is designed to avoid inconsistent orders, reduce scheduling conflicts and duplicate hearings, expedite cases to closure, and coordinate service delivery. The purpose of the Johnson Co. Family Court is to effectuate maximum utilization of services to Johnson Co. families who are involved in particularly complex litigation or multiple, simultaneously pending litigation through coordination of pre-trial proceedings and service referrals.**

Contact Information: **Donna Sipe  
(317) 736-6813  
dsipe@co.johnson.in.us**

Further Information:  
(Website, Publications, Etc.) **NA**

Best Practice Justification: **Family court models are nationally recognized as a best practice.**

Program/Activity Name:	<b>Juvenile Community Transition Program</b>
Program/Activity Description:	<b>Upon commitment to the Department of Correction, the Lake County Superior Court, Juvenile Division, assigns a home-based worker to provide services to the child's guardian, in anticipation of the child's return home. The Department of Correction's case plan is used and the home-based service provider is prevented by the contract from conducting another assessment and case plan. Services range from 1 day a week contact to as many as three days a week prior to the child's return. The child's last 60 days that were to have been spent in the correctional facility are performed in the community where the transition really is managed anyway. This saves 60 days of cost to the Lake County General Fund dollars for ½ the per diem as required by law and provides better structure and support to the family upon the child's return, thereby reducing recidivism and increasing community adjustment.</b>
Contact Information:	<b>Diane WeissBradley, Chief Probation Officer 3000 West 93<sup>rd</sup> Avenue Juvenile Justice Complex Crown Point, Indiana 46307 (219) 660 – 6946 diawei@lakecountyin.org</b>
Further Information: (Website, Publications, Etc.)	NA
Best Practice Justification:	<b>This program reduces the number of assessments provided a child, builds upon a service plan that crosses various disciplines, provides for greater information sharing and decreases the need for youth parole in Lake County, thereby allowing more attention by the parole agents to other responsibilities. It blends various funds to pay for the services and uses local service providers to support the role of the probation officer.</b>

Program/Activity Name:	<b>Tippecanoe County Systems of Care</b>
Program/Activity Description:	<b>Tippecanoe County is unique in their system of care based on the level and style of information-sharing among the System of Care partners.</b>
Contact Information:	<b>Diana Anders</b> <a href="mailto:danders@wvmhc.org">danders@wvmhc.org</a> <b>Mark Zubaty, SOC TA Center</b> <b>mzubaty@kidwrap.org</b>
Further Information: (Website, Publications, Etc.)	NA
Best Practice Justification:	<b>The Tippecanoe County SOC utilizes their already existing Quest system to share and allow retrieval of information by OFC, probation, courts, law enforcement, mental health and education.</b>